



## *The Medical* **Bulletin**

### OBG

#### **What is new in managing Gestational Diabetes Mellitus**

Gestational diabetes mellitus, the most common complication of pregnancy, is usually diagnosed between 24 and 28 weeks of gestation. Monitoring of blood glucose levels frequently and having a good glycemic control decreases the adverse outcomes associated. The fundamental tool for patients with GDM in terms of intensive management, is conventional self-monitoring of blood glucose (SMBG), such self-monitoring is not sufficient for accurate management of GDM. Current management includes Real Time-Continuous Blood Glucose Monitoring System (RT-CGMS) that can give a continuous information on the blood glucose levels.

This can increase the awareness among patients to have a strict lifestyle changes. RT-CGMS was generally well tolerated and there were no major side effects aside from mild erythema and skin irritation around the sensor's insertion site. Glycemic variability, as a component of glycemic disorders, has more deleterious effects than sustained chronic hyperglycemia in the development of diabetic complications. A CGMS can measure postprandial glucose peaks which is the scenario in GDM, that is more efficient than SMBG; thus, a patient's dietary plan can be adjusted in accordance with the CGMS results. As a result, excessive caloric intake is avoided. Furthermore, a CGMS improves the glycaemic profiles of pregnant women with insulin-treated diabetes. For an optimal obstetric and neonatal outcome, TIR (Time In Range) >70% is aimed and time above range <25% with TIR range between 70-140 mg/dL. Time spent in hypoglycemia (glucose levels < 70mg/dL) to less than 1h/day and time below 54mg/dL to less than 15min/day, equivalent to < 4% and < 1%, respectively as the standard goal.

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