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### Global Comparison of Health Policies Focused on Gestational Diabetes: Recognizing Pertinent Gaps

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## INTRODUCTION

Gestational diabetes mellitus (GDM) is a condition that affects 14.7% of women globally and occurs when a mother develops diabetes during the course of her pregnancy.<sup>1,2</sup> Increased insulin resistance in pregnant mothers can lead to further complications, such as a larger baby, increased risk of the baby developing Type II diabetes, having low blood sugar, and even premature birth, which can lead to respiratory issues. The lack of policies in place to address GDM in various countries worldwide highlights the need for this literature. It is necessary to compile policies that are currently in place and to further discuss how to protect the health of pregnant women who have GDM and their children.

## OBJECTIVES

- To compile health policies regarding Gestational Diabetes implemented in several countries across the world
- To analyze core differences and similarities amongst Gestational Diabetes protocols established over the years
- To pinpoint disparities in existing health policies and determine areas of policy improvement

## REFERENCES

Please scan this QR code to access our references



## METHODS

- A search of PubMed and Scopus was conducted.
- Key words "gestational diabetes health policy" were used as search terms.
- Search was extended to any countries and any global health policies focused on gestational diabetes.
- Narrowed down policies to focus on *five* country-specific policies and *five* global policies.

## RESULTS

After scoping through the data and analyzing the policies based on intended audience, main recommendations of the policy, and fulfillment of culturally relevant recommendations, qualitative data was obtained and categorized as *country-specific/global policies and identifiable gaps*.

## GLOBAL POLICIES

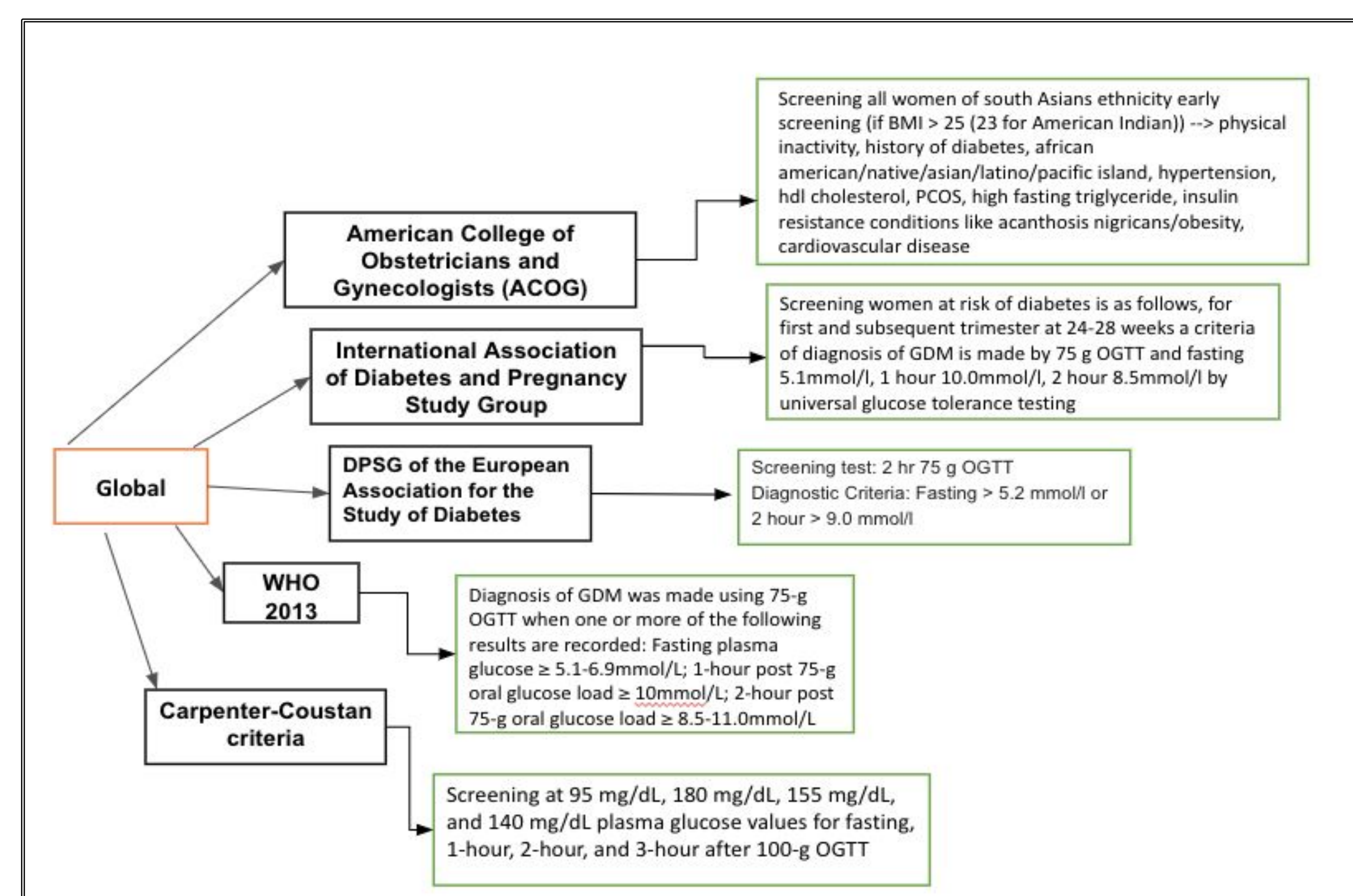


Figure 1. The main recommendations for diagnosis of gestational diabetes from global policies including WHO, ACOG, Carpenter/Coustan, DSPG, and IADPSG<sup>1, 2-5, 7, 10, 11</sup>

## COUNTRY-SPECIFIC POLICIES

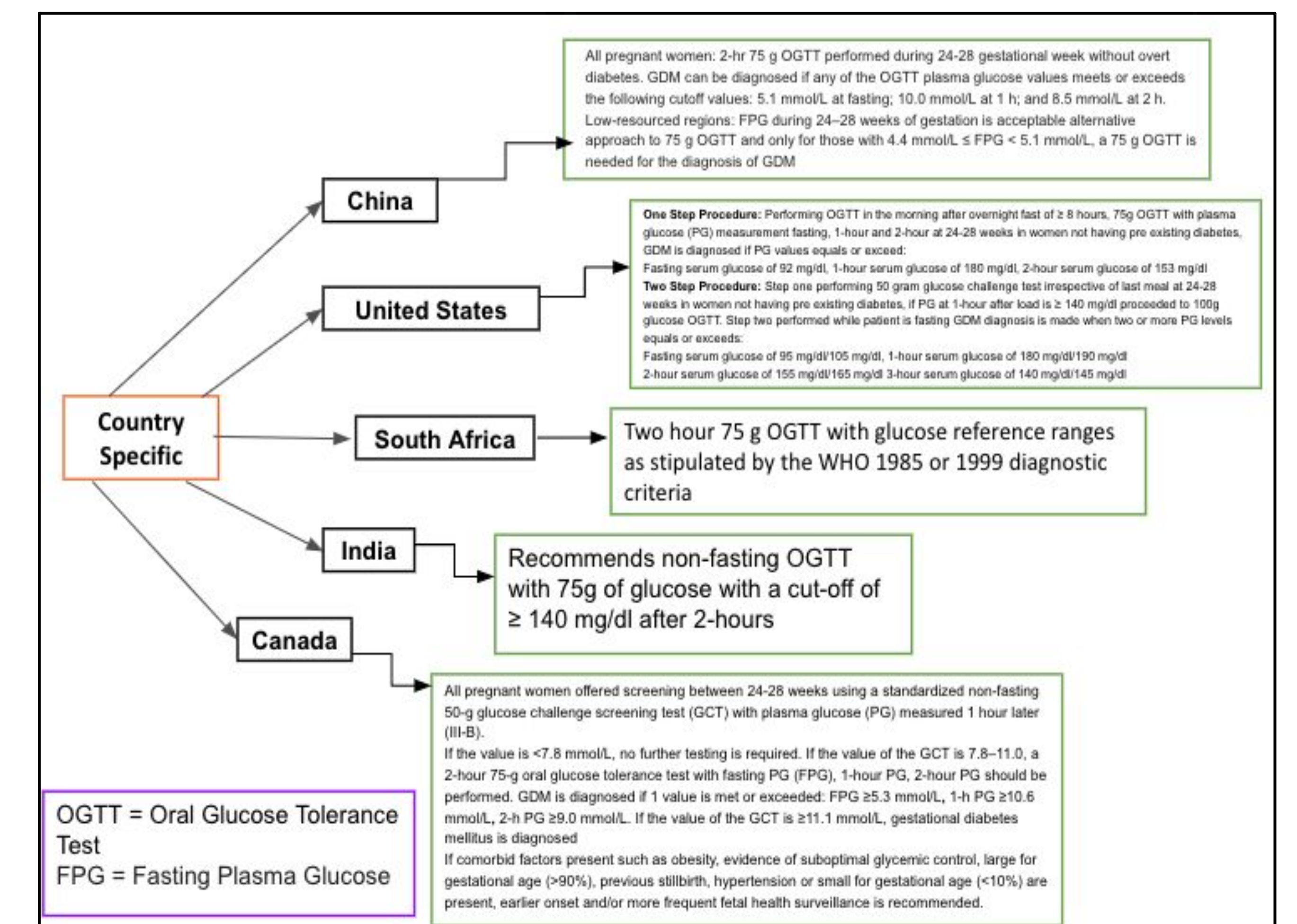


Figure 2. The main recommendations for diagnosis of gestational diabetes from countries including China, the United States, South Africa, India, and Canada.<sup>1, 2, 8-11, 13</sup>

## IDENTIFIABLE GAPS

Those that were perceived as significant included lack of perceived risk of type 2 diabetes, challenges in establishing homogenous GDM screening and diagnostic practices, issues with cost-effectiveness, and obstacles in addressing low resourced regions and population diversity including pregnant women lacking social support and knowledge of GDM<sup>1, 3-10</sup>

## CONCLUSIONS

There are clear distinguishable gaps amongst the different health policies. There are many populations that are predisposed to gestational diabetes due to genetics, past pregnancies, area of residency, socioeconomic status, etc. Looking at the different country specific and global policies, the majority of the policies tend to have broad criteria for diagnosing GDM as they did not include specific risk factors into consideration. Many gaps need to be addressed and noticed to reduce the increasing prevalence of GDM by early-diagnosis, development of risk factor screening, and supporting pregnant women at high risk of developing GDM. There were several limitations to this study such as the inability to research specific policies within the countries. This could have been due to the lack of reporting policies/inaccurate reporting along with many outdated criterias for GDM. Another limitation is that many countries and global policies had a lack of uniformity upon research, showing a need to update policies. Future studies should pinpoint areas within a country to be able to develop initiatives that allow reduction in the health gaps seen.

## ACKNOWLEDGEMENTS

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