

Universal Screening of Gestational Diabetes Mellitus



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1. (2011) Diagnosis and classification of diabetes mellitus. Diabetes care 34 Suppl 1: S62-69.
2. (2011) Standards of medical care in diabetes-2011. Diabetes care 34 Suppl 1: S11-61.
3. Metzger BE, et al. (2008) Hyperglycemia and adverse pregnancy outcomes. The New England journal of medicine 358: 1991-2002.
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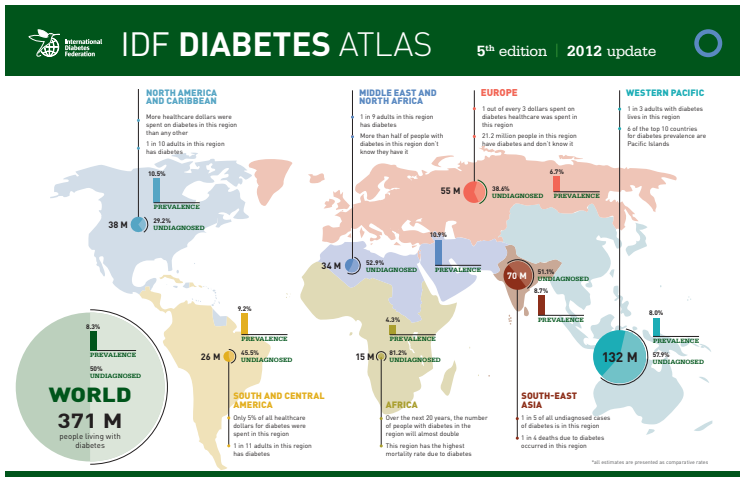
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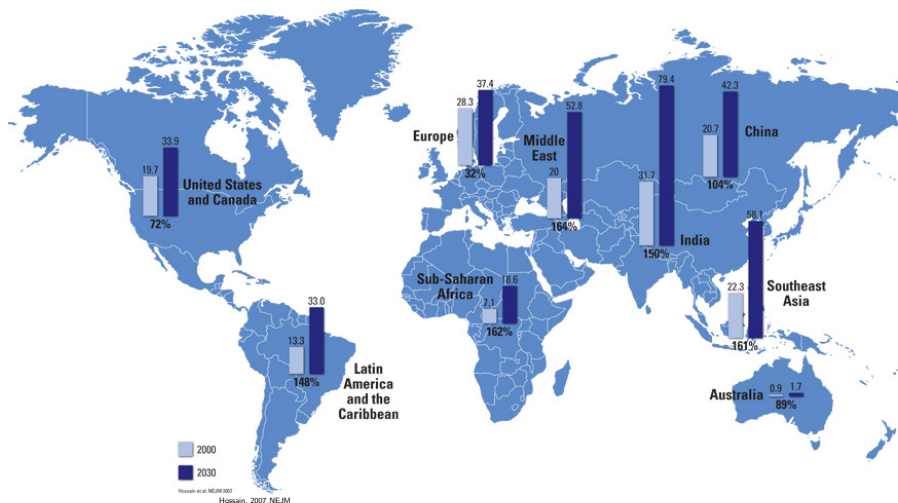
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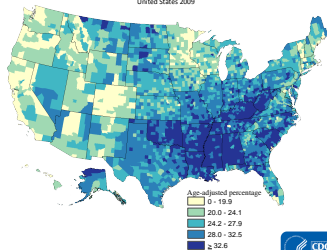
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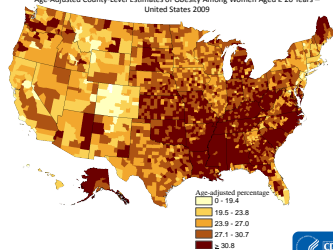
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Inactivity women >20 in the USA, 2009

Age-Adjusted County-Level Estimates of Leisure-Time Physical Inactivity Among Women Aged ≥ 20 Years –
United States 2009www.cdc.gov/diabetes

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HAPO study, 2002-2006

The Study and Results

- Prospective, observational, multicenter, blinded study of 23,316 pregnant women.
- The results demonstrate that associations between maternal glycemia and adverse outcomes are continuous across the range of glucose concentrations below levels diagnostic of diabetes.



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ADA recommendations after HAPO

Diabetes Guidelines after HAPO

- In 2010, ADA, IADPSG and others international associations modified their guidelines and recommendations following HAPO study results.
- *Universal Screening* at 24-28 week's gestation in pregnant women not previously known to have diabetes using a 75-g 2-h OGTT.
- *Only* one positive result of the OGTT is an adequate GDM diagnosis criteria.



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To evaluate the **prevalence** of GDM among Peruvian women attending perinatal care and provide objective evidence that will help to improve the local guidelines for standardized GDM screening, diagnosis and treatment.

Specific objectives

- 1 To screen women at 24-28 weeks of gestation using 75-g OGTT and interpret abnormal fasting, 1-h, and 2-h plasma glucose concentrations as individually sufficient for the diagnosis of GDM.
- 2 To evaluate the extent to which established traditional GDM risk factors such as obesity and hypertension predict positive 75-g OGTT.



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OGTT



OGTT cutoffs

	mmol	mg/dl
Fasting	5.1	92
One hour	10.0	180
Two hours	8.5	153

Alhambra: Granada, Spain



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