

How is IDF-MENA Region Guideline Different From Other Guidelines For Hyperglycemia in Pregnancy (HIP)?



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INTRODUCTION

Hyperglycemia in Pregnancy (HIP) is a medical disorder that needs serious attention for the implementation of guidelines at Regional levels so that the screening, diagnosis, and management of diabetes is uniformly instituted, to reduce maternal morbidity and perinatal mortality and transmission of disease in future generations. Among the seven IDF regions, MENA region has the highest (12.2%) age-adjusted prevalence of diabetes where one in six live births are affected by HIP. More than 50% of the women in MENA region are likely to become pregnant with either undiagnosed diabetes or improperly screened. It is because of different blood glucose (BG) screening strategies and diagnostic criteria, that confusion and disagreement over uniform screening strategies and diagnostic criteria continue globally.

OBJECTIVES

The IDF-MENA Region guidelines (GL) are meant to standardize clinical practice of BG screening, diagnosis and management of HIP across the Region.

METHODS

The HIP guideline committee was nominated by the Chair IDF-MENA region for the development of the HIP guideline. Recommendations were made after reviewing different guidelines, reviews papers, consensus, and meta-analyses. There were about 28 Zoom meetings every weekend lasting 2-3 hours of discussions. The duration of the guideline preparation was from September 2020 to May 2021 and published in J. of Diabetology in July 2022.

RESULT

Guidelines on HIP were developed by 29 authors from MENA Region. In order to ensure its practical utilization, a mobile-based GDM Registry software has been designed to observe the applicability of GL and know the prevalence and practices in the clinical practice. The software has been pilot tested in three university- hospitals in Pakistan.

Figure 1: Pictorial guide for Lifestyle and Exercises During Pregnancy

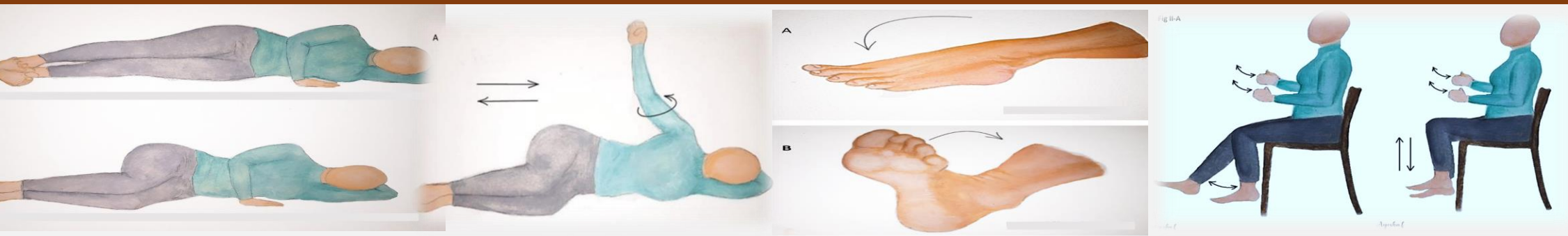


Table 1: Links to educational videos to help promote and support breastfeeding

Considering the value of breastfeeding for both mother and newborn, all women should be encouraged and supported to attempt breastfeeding.

Table 2: Recommendation: BG Screening

Early Universal Screening on First Antenatal Booking Visit

- 1) OGTT
- 2) 8 hrs - Fasting Blood Glucose
- 3) DIPSI
- 4) HbA1c

Table 3: Details Nutritional Recommendations:

Recommendations for calorie Intake and weight gain during pregnancy according to BMI
Daily Requirement Index (DRI) For Pregnant Women
Recommendation for type and sources of oils and fats
Food Groups for daily meal planning

Figure 2: MENA-region Guidelines Concept Map

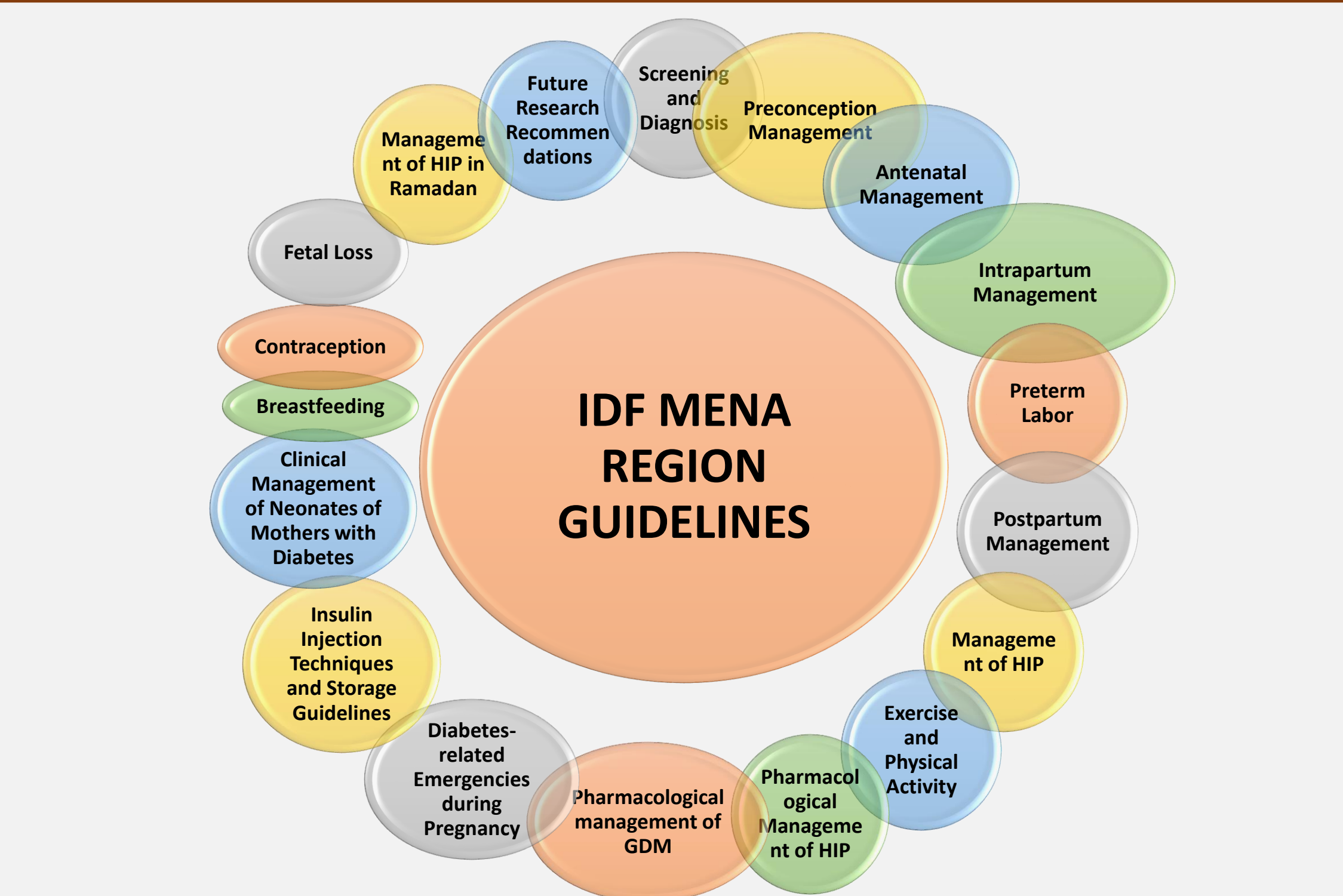


Figure 3: In-depth neonatal management of babies born of mothers with HIP

Step 1: Prevention Initiating feeds within first hour of life (breastfeeding or supplemental breast milk substitution) per parental preference (preferable breastfeeding). Do skin-to-skin contact, and keep infant warm.	Step 2: Screen Perform initial glucose screening by glucometer 30 min after first feed. If hypoglycemia is suspected, blood glucose (BG) should be checked immediately. Hypoglycemia is defined as: BG < 40 mg/dL (2.2 mmol/L).	Step 3: Assess Asymptomatic (1-4) BS < 40 mg/dL (2.2 mmol/L) (4-24hr) BS < 40 mg/dL (2.2 mmol/L) (24-48hr) BS < 40 mg/dL (2.2 mmol/L) (48-72hr) BS < 40 mg/dL (2.2 mmol/L) (72-96hr) BS < 40 mg/dL (2.2 mmol/L) (96-120hr) BS < 40 mg/dL (2.2 mmol/L) (120-144hr) BS < 40 mg/dL (2.2 mmol/L) (144-168hr) BS < 40 mg/dL (2.2 mmol/L) (168-192hr) BS < 40 mg/dL (2.2 mmol/L) (192-216hr) BS < 40 mg/dL (2.2 mmol/L) (216-240hr) BS < 40 mg/dL (2.2 mmol/L) (240-264hr) BS < 40 mg/dL (2.2 mmol/L) (264-288hr) BS < 40 mg/dL (2.2 mmol/L) (288-312hr) BS < 40 mg/dL (2.2 mmol/L) (312-336hr) BS < 40 mg/dL (2.2 mmol/L) (336-360hr) BS < 40 mg/dL (2.2 mmol/L) (360-384hr) BS < 40 mg/dL (2.2 mmol/L) (384-408hr) BS < 40 mg/dL (2.2 mmol/L) (408-432hr) BS < 40 mg/dL (2.2 mmol/L) (432-456hr) BS < 40 mg/dL (2.2 mmol/L) (456-480hr) BS < 40 mg/dL (2.2 mmol/L) (480-504hr) BS < 40 mg/dL (2.2 mmol/L) (504-528hr) BS < 40 mg/dL (2.2 mmol/L) (528-552hr) BS < 40 mg/dL (2.2 mmol/L) (552-576hr) BS < 40 mg/dL (2.2 mmol/L) (576-600hr) 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