INTRODUCTION

Gestational diabetes mellitus is “Carbohydrate intolerance of variable severity with onset or first diagnosis during the present pregnancy”. Mostly all new cases of diabetes in pregnancy are a transient form of type 2 diabetes. A few cases persist after the pregnancy. It has been demonstrated that perinatal and maternal morbidity among GDM can be reduced with application of a systemic approach to the identification and management of the disease. This study is done to find out the prevalence of GDM in our hospital.

THE STUDY

AIM:
1. To screen all the Antenatal women seeking Antenatal Care to diagnose GDM.
2. To diagnose GDM early in pregnancy.

MATERIAL AND METHODS:
• Type of study- Prospective randomized controlled clinical trial.
• Place of study- Obstetric OPD SVS Medical college.
• Period of study- Feb 2018 to Feb 2020.
• Inclusion Criteria – Pregnant women
• Exclusion criteria—known cases of Type2 diabetes mellitus, patients in labour.
• Detailed history of all patients according to proforma was taken.
• Informed consent from all patients participating in the study.
• All patients were screened by 75gm 2hr OGCT irrespective of the meal time. (Recommended by WHO 1985)
• As the pregnant women in the criteria came to OPD, 75gm glucose was given in water to be consumed in 5-10 min.
• Blood was withdrawn for blood sugar level after 2hr.

RESULTS:

Table-1 Age wise Distribution of patients

Table-2

Table-3

Table-4 Risk Factors in GDM Patients

DISCUSSION:
The importance of Gestational Diabetes mellitus is that two generations, the women and her children are at risk of developing diabetes in the future. Increasing maternal carbohydrate intolerance in pregnant women is associated with increase in adverse maternal and
fetal outcome. Identification and systematic management of the disease reduces both.

Hence, a prospective study of 200 pregnant women was done to both screen and also to diagnose GDM.

CONCLUSION:
200 pregnant women attending the antenatal OPD in our hospital were studied. This prospective study was done to know the incidence of GDM in our hospital. The mean age of population was 24 yrs. Of the 200 women, 143 completed the study. As the risk factors increased, the incidence of GDM also increased. 15.4% of the study population was screened positive for GDM. We recommended the adaptation of 75gm OGCT for screening and detection of GDM in all pregnant women especially in Indian scenario.

REFERENCES