

Enhancing Postpartum Care in Gestational Diabetes: A Call for Preventive Action

Melhorar os Cuidados Pós-parto na Diabetes Gestacional: Um Apelo à Ação Preventiva

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Palavras-chave: Diabetes Gestacional; Diabetes Mellitus/diagnóstico; Período Pós-Parto

Dear Editor,

We read with particular interest the article entitled “Gestational Diabetes – Postpartum Screening”, published in 2012 in your esteemed journal, which assessed the prevalence of women with gestational diabetes who underwent postpartum screening and explored its association with maternal characteristics. Among the results presented, we were especially struck by the fact that approximately one-quarter of the women did not undergo postpartum screening. Furthermore, among those who did, 19.3% showed abnormal results, which were significantly associated with higher maternal age and body mass index.¹

Gestational diabetes *mellitus* (GDM) has shown a concerning upward trend over the past decade. In Portugal, the 2018 National Diabetes Observatory report estimated a prevalence of 8.8%,² which is twice what was reported in 2010 (4.4%). While changes in diagnostic criteria have undeniably contributed to this variation, demographic shifts in the obstetric population, particularly older maternal age and rising obesity rates, are also key contributing factors.³

More recent data, reported by Almeida *et al* suggest a gradual decrease in the percentage of women with abnormal results on the reclassification test (from 18.5% in the period 2003 - 2010 to 8.7% in 2017 - 2020). However, this

improvement is offset by a growing percentage of women who do not undergo postpartum testing at all, rising to 37.3% in the latest period analyzed (2017 - 2020).³

Given these findings, what role can we, as family physicians, play to reverse this scenario?

First and foremost, we believe it is imperative to invest in preventive strategies, particularly by raising awareness of the importance of having a healthy body mass index, which may require lifestyle modifications, among women planning for pregnancy. Second, enhancing communication and coordination between primary and secondary care is essential to ensure that the reclassification test is completed. Finally, we believe it is worth considering the introduction of routine follow-up consultations for women with a history of gestational diabetes: either to monitor and manage cases with abnormal reclassification results, or, when the results are normal, to ensure these women receive annual fasting plasma glucose testing as recommended.⁴

AUTHOR CONTRIBUTIONS

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

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