

Future Research Needs for the Management of Gestational Diabetes: Future Research Needs Document Number 7



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Reviews

A really wonderful book with lucid and perfect reasons. This can be for all who statte there was not a worth reading through. You are going to like how the author write this book.

(Dr. Grady Jacobi DDS)

FUTURE RESEARCH NEEDS FOR THE MANAGEMENT OF GESTATIONAL DIABETES: FUTURE RESEARCH NEEDS DOCUMENT NUMBER 7



Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 140 pages. Dimensions: 11.0in. x 8.5in. x 0.3in. Gestational diabetes mellitus (GDM), the most common medical complication of pregnancy, is defined as carbohydrate intolerance of variable degree, with an onset or first recognition occurring during pregnancy. Studies estimate that GDM affects about 7 percent of births occurring in the United States. GDM is associated with both maternal and neonatal complications. Women with GDM are at high risk for developing noninsulin dependent (type 2) diabetes mellitus. In 2008, the Johns Hopkins University Evidence-based Practice Center (JHU EPC) completed an Agency for Healthcare Research and Quality (AHRQ) funded evidence report on glucose management, delivery management, postpartum risk assessment, and diagnostic tests for type 2 diabetes in women with GDM. The report focused on the following four key questions (KQs): Key Question I. What are the risks and benefits of an oral diabetes agent (e. g. , glyburide), as compared to all types of insulin, for GDM Key Question II. What is the evidence that elective labor induction, cesarean delivery, or timing of induction is associated with benefits or harm to the mother and neonate Key Question III. What risk factors are associated with the development of type 2 diabetes after a pregnancy with GDM Key Question IV. What are the performance characteristics of diagnostic tests for type 2 diabetes in women with GDM The report authors made the following conclusions: (1) maternal glucose levels do not differ substantially in those treated with insulin vs. insulin analogues or oral agents; (2) average infant birth weight may be lower in mothers treated with insulin than with glyburide; (3) induction at 38 weeks may reduce the macrosomia rate, with no increase in cesarean delivery rates; (4) anthropometric measures, fasting blood glucose (FBG), and 2-hour...



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