

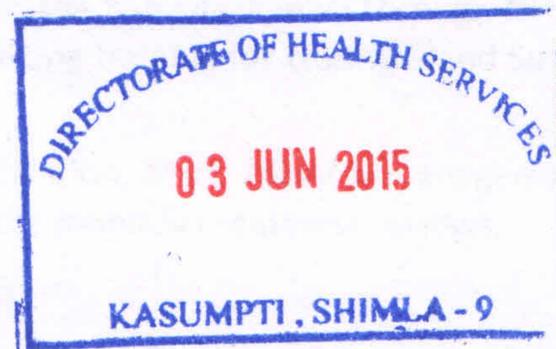
No. HFW-H(NRHM)/Standard Treatment Guidelines/2010
National Health Mission
Himachal Pradesh

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To,

All the Chief Medical Officers,
Himachal Pradesh

Dated Shimla-9, the



Subject: National guidelines for Diagnosis & Management of Gestational Diabetes Mellitus.

Dear Sir,

In India, one of the most populous country globally, rates of Gestational Diabetes Mellitus (GDM) are estimated to be 10-14.3% which is much higher than the west. Despite a high prevalence of GDM in Indian women, currently screening of pregnant women for GDM is not being done universally as part of the essential antenatal package. GDM has been identified as a potential risk factor for poor health status in pregnant mothers which has a causal relationship with various complications during pregnancy and child birth, contributing directly to increase maternal or neonate morbidity and mortality.

Kindly find attached (soft copy) the technical and operational guidelines to address this issue. The guidelines covers a brief introduction, National and Inter-national evidences on GDM, Technical guidelines on testing and management of GDM, Operational aspects of GDM programme, records and registers, monitoring and quality assurance and outcome measures to be assessed.

The key points of these guidelines are :

- Universal testing of all PW for GDM
- Testing recommended twice in pregnancy at 1st antenatal visit and then at 24-28 weeks of gestation.
- Single step 75g 2 hr PPPG test performed.
- PW testing positive (2 hr PPPG > 140mg/dl) should be started on Medical Nutritional Therapy (MNT) for 2 weeks
- If 2 hr PPPG \geq 120 mg/dl after MNT, medical management (Insulin therapy) of PW to be started as per guidelines.
- PW to be monitored by 2 hr PPPG throughout pregnancy as per guidelines.
- Antenatal visits 2 weekly in 2nd trimester & weekly in third trimester.
- PW with GDM on Insulin therapy with uncontrolled Blood Glucose levels (2 hr PPPG \geq 120mg/dl) or insulin requirement >20 U/day should be referred for delivery at CEMOC centres.
- GDM pregnancies are associated with delay in lung maturity of the foetus; so routine delivery prior to 39 weeks is not recommended.
- Early delivery with administration of prophylactic corticosteroid therapy for foetal lung maturity to be planned only if uncontrolled plasma or any other obstetric indication
- Vaginal delivery preferred, LSCS for only obstetric or foetal macrosomia.
- Neonatal monitoring for hypoglycaemia and other complications

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- Postpartum evaluation of glycemic status by 1 75g OGTT at 6 weeks after delivery.

Gluco-meters with strips are being made available up to the Sub cente level through NHM. The suppliers of these gluco-meters would also be imparting training for testing Blood Sugar using gluco-meter.

Guidelines for general orientation, counseling and motivation, MNT, medical management and special obstetric care may be disseminated during the monthly meetings/ reviews.

The following record is required to be maintained / used:

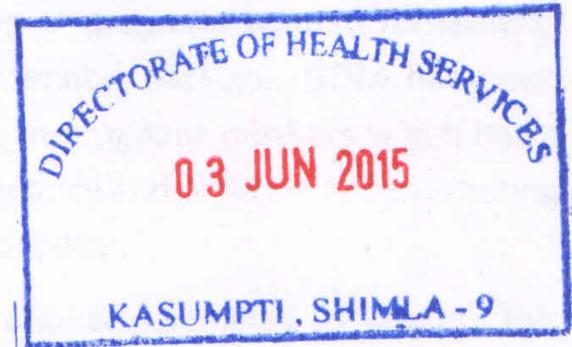
1. Monthly GDM reporting format for District programme Manager – Annexure – 4
2. Monthly GDM reporting format for Health facility – Annexure – 5
3. Migration form for PW with GDM – Annexure – 6
4. Referral slip – Annexure -7

I, sincerely believe that the health functionaries across the state will utilize these guideline effectively for implementing GDM programme.

Kind regards,



Mission Director
National Health Mission
Himachal Pradesh
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Endst. No. HFW-H(NRHM)/Standard Treatment Guidelines/2010 Dated Shimla-9, the

Copy forwarded to:

1. The Additional Chief Secretary (Health) to the Govt. of Himachal Pradesh, Shimla, H.P. for information please.
2. The Director (Health) to the Govt. of Himachal Pradesh, Shimla, H.P. for information please.
3. The Director, Ayurveda to the Govt. of Himachal Pradesh, Shimla, H.P. for information please.
4. The Director, Women and Child Development to the Govt. of Himachal Pradesh, Shimla, H.P. for information please.
5. All the Deputy Commissioners of Himachal Pradesh for information please.
6. The Principal, Indira Gandhi Medical College, Shimla/Dr. RPGMC Tanda, Kangra for information please.
7. Sr. Medical Superintendent, Kamla Nehru State Mother & Child Hospital/Indira Gandhi Medical College, Shimla/ Dr. RPGMC Tanda, Kangra/ Zonal Hospital Dharamshala/Zonal Hospital Mandi/ Zonal Hospital Shimla (DDUZH) / Rajiv Gandhi Ayurvedic Hospital, Paprola District Kangra for information please.
8. All the State Programme Officers, National Health Mission, Himachal Pradesh for information please.
9. The Consultant (MIS), NHM, State Head Quarter, Shimla for uploading the guidelines on the NHM Website.



Mission Director
National Health Mission
Himachal Pradesh