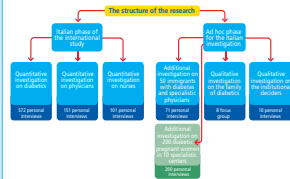


Research about women with gestational diabetes

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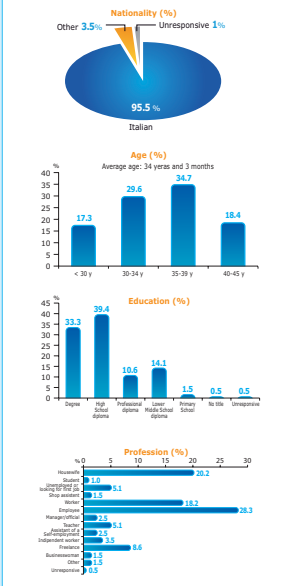
Introduction

DAWN Study Italy is focused on various subjects related to diabetes: people with diabetes, diabetologists, nurses, institutional operators, relatives of people with diabetes, immigrants with diabetes and their doctors. The research's project about women with gestational Diabetes is inserted into the Italy's DAWN study. It has been conducted in 12 Italian centres focused on the care and aid of women with gestational Diabetes.

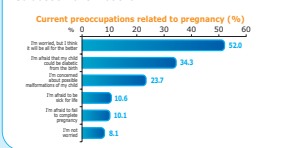


Characteristics of interviewed women

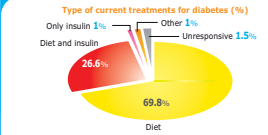
Research has been conducted in some Italian centres particularly devoted to the cure and care of gestational diabetes: Reggio Calabria; Messina; Chieti; Perugia; Padova; Pisa; Roma (2 centres); Varese; Catania; Udine. For the information's gathering has been used a structured questionnaire, set up by Makno & consulting and the National Scientific Board for patients self-compilation. The 198 questionnaires' compilation has occurred in three months.



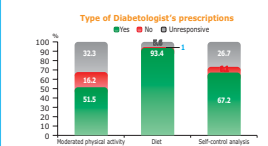
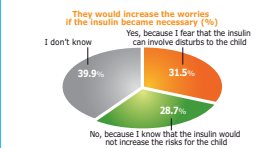
The 60% of women with gestational Diabetes know that they have familiarity with Diabetes. The majority of pregnant women, even though they are worry, they are convinced that they will not have any problem. If pregnancy and delivery are not worrying (the 60% has planned the conditions with the gynaecologist), there are still concerns for the unborn child: one-third of the pregnant women, are afraid that their own child could be diabetics from the birth, the 23%-24% it is concerned about malformations



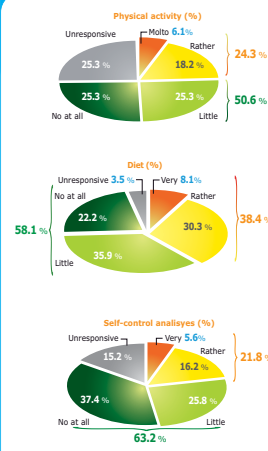
Present cures and insulin therapy



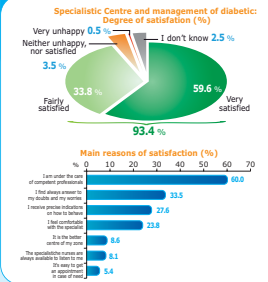
About 70% of gestas cure diabetes with diet, 27% with diet and insulin, 1% only insulin. If I had to start insulin therapy: 30% would feel worried/anxious, 40% has not clear ideas, 29% would not feel worried



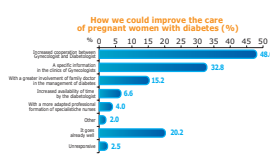
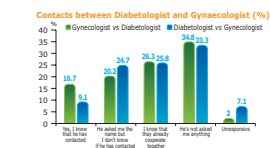
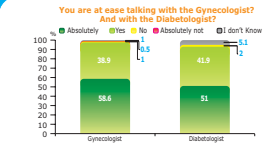
Difficulties to follow diabetologist's prescriptions:



Specialistic Centre and gestational diabetes



The gynaecologist and the diabetologist



Conclusions

Data of this study, the first one in the context of gestational diabetes, show that gynaecologist plays a fundamental role in inducing pregnant women to diagnostic procedures for gestational diabetes (GPs have a very marginal role). It could be that the reason of the particular composition of the sample belonging to a social-economic and cultural class middle high. Diagnosis of "diabetes" recalls fears not always justified. Monitoring of DG take place at the diabetological centres and between diabetologists and gynaecologists there is a collaboration not yet satisfactory.

This analysis shows that in Italy there are many differences in the management of DG with different answers to the requests of cure and care by pregnant women with diabetes.

Gestational diabetes represents an important risk for Type 2 Diabetes after pregnancy and the Centres of Diabetology are not able to manage, because of organizational problems, the follow up of after delivery or the psychological problems related.

Furthermore an increasing number of immigrant women, who address themselves to diabetological centres during their pregnancy, will need personnel specifically trained in order to be sure that medical prescriptions are properly followed.

Call to action

- * To train health professionals.
- * To realize informative campaigns, also through mass media, in order to sensitize women to screening, diagnosis and follow-up after delivery
- * To share protocols directed to the reduction of deliveries before limits, caesarian operations and possible development of Type 2 diabetes after delivery.
- * To improve communication among patients and health professionals
- * To promote the birth of multispecialistic centres (diabetologist, gynaecologist) in order to give to women with gestational diabetes correct monitoring, diagnostic and therapeutic answers
- * To promote the birth of a national observatory of pregnancy outcome.