

Treatment and Diagnosis of Gestational Diabetes in Pregnant Women

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ANNOTATION

Relevance of the topic: Gestational diabetes is one of the most common complications of pregnancy, it can lead to serious consequences for the mother and child [1,2]. Gestational diabetes mellitus is the most common extragenital pathology of pregnancy and represents a serious medical and social problem, increasing the frequency of undesirable pregnancy outcomes for both the mother and the fetus [3,14]. The lack of universal diagnostic criteria, on the one hand, and the clinical course of GDM without obvious manifestation, on the other, subsequently increase the risk of diabetes mellitus, obesity, carbohydrate metabolism disorders and cardiovascular complications in both mother and child. Hence, this pathology requires the development of uniform standards for the diagnosis and treatment of carbohydrate metabolism disorders during pregnancy [12,13].

KEYWORDS: gestational diabetes, glycated hemoglobin preeclampsia, macrosomia, pregnancy, prevalence, complications.

The prevalence of GDM is steadily increasing and poses a serious problem as it increases the incidence of adverse pregnancy outcomes for the mother and newborn and is a risk factor for the development of obesity and cardiovascular diseases in the mother and fetus [8, 9, and 10]. According to the World Health Organization, gestational diabetes is diagnosed in 1 of 7 pregnant women worldwide, and without timely diagnosis and treatment can lead to premature birth, a high risk of developing diabetes in the child and other serious complications[3,5,7]. Therefore, the development of effective methods for diagnosing and treating gestational diabetes is an urgent task of modern obstetric practice [4,6,11].

Purpose of the study: 1. Study of the effectiveness of various methods for diagnosing gestational diabetes in pregnant women. 2. Assessing the effectiveness of various methods of treating gestational diabetes in pregnant women to prevent complications in mother and child. 3. Study of risk factors contributing to the development of gestational diabetes in pregnant women and the development of methods for its prevention. 4. Assessment of the quality of life of pregnant women with gestational diabetes and the effectiveness of programs for early detection and treatment of this disease.

Materials and research methods: Retrospective analysis of medical records of pregnant women diagnosed with gestational diabetes to determine the effectiveness of various treatment methods. 1. Long-term follow-up of pregnant women who have been diagnosed with gestational diabetes to assess quality of life and complications in mother and child.

2. Clinical study of the comparative effectiveness of various methods for diagnosing gestational diabetes, such as a test for blood glucose and glycated hemoglobin. 3. Study of risk factors such as age, body mass index, heredity, etc., in pregnant women who develop gestational diabetes. 4. Assess the quality of early detection programs for gestational diabetes and their effectiveness in preventing complications in mother and child.

Research results: The use of diet and moderate physical activity has been effective in treating gestational diabetes in most pregnant women. Insulin treatment was only necessary in a small number of pregnant women with gestational diabetes who had higher blood glucose levels. The glycated hemoglobin test was a more accurate method for diagnosing gestational diabetes compared with the blood glucose test. Pregnant women who developed gestational diabetes had an increased risk of complications such as preeclampsia, birth trauma, and macrosomia (birth of a large baby). Programs for early detection and treatment of gestational diabetes have been effective in preventing complications in mother and child. **Conclusion:** Early detection and treatment of gestational diabetes is important to prevent complications in mother and baby.

Using diet and moderate physical activity should be the first step in treating gestational diabetes in most pregnant women. Some pregnant women may need insulin treatment to control blood glucose levels. The glycated hemoglobin test is a more accurate method for diagnosing gestational diabetes compared to the blood glucose test. Pregnant women with gestational diabetes are at increased risk of complications and require close medical supervision and prompt treatment. Programs for early detection and treatment of gestational diabetes should be widely implemented to improve maternal and child health. Childbirth, a high risk of developing diabetes in the child and other serious complications.

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