Preamble

Health issues in general, and endocrine related issues in particular, are vital determinants of the prosperity of society. The people of South Asia share many common features and face similar challenges related to endocrine health. These hurdles have been amplified by the rapid socioeconomic and lifestyle changes taking place in the region. Competing priorities and limited resources have prevented the implementation of strategies to meet these obstacles. SAFES wishes to improve endocrine health care delivery in South Asia, using a broad-based, inclusive strategy, based on scientific evidence.

Declaration

SAFES, in consultation with each of its associations, has listed, analyzed, and prioritized various endocrine public health issues. Gestational diabetes mellitus (GDM) has been identified as the focus of attention for the term 2015–2017.

Rationale

The incidence of GDM is on the rise in all South Asian nations, and may predict the future prevalence of type 2 diabetes mellitus as well. Asians are particularly at increased risk of GDM as found in multi-ethnic studies. Prevalence of GDM in South Asian countries varies substantially according to the screening strategy and diagnostic criteria applied, and ranges from 1% to 20%, with evidence of an increasing trend over recent years. Among the SAFES states, India has a higher age-standardized prevalence of hyperglycemia in pregnancy, with estimates of 27.5% (with IADPSG criteria for GDM). The prevalence in Bangladesh and Sri Lanka has been reported to be around 10%. Researchers from Pakistan and Nepal have reported a prevalence of around 1% in low-risk subjects.

GDM is a condition, which is unique in many ways. Affecting two lives at a time, it has an inter-generational impact as well. The offspring of mothers with GDM have adverse cardiometabolic profiles and are at increased risk of diabetes and obesity, which further contributes to the epidemic of noncommunicable diseases. GDM lends itself to timely management and to prevention as well. All levels of prevention: Primary, secondary, tertiary, and quaternary, find a suitable playing field in GDM. The management of GDM is predominantly nonpharmacological, but may require the support of medication, like insulin, too.

Our aim should be to improve short and long-term outcomes, for both mother and her offspring. GDM is

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a perfect example of the need for a life cycle approach, interdisciplinary care, long-term follow-up, and fostering of patient-physician-family interaction. GDM impacts not only the individual or family, but public health as well. There is a need for large-scale prevention and intervention programmes to improve glucose control and maternal health during pregnancy, and sustain them postpartum.\[2\]

**OBJECTIVES**

SAFES hereby resolves to:
- Promote universal screening for GDM in pregnancy, using nationally and internationally accepted methodology, at least once in each trimester
- Facilitate the use of uniform criteria for diagnosis of GDM
- Ensure optimal management of GDM, with medical nutrition therapy, lifestyle modification, and conventional/modern insulins, as appropriate
- Encourage long-term follow-up of, and necessary medical attention for, women with GDM
- Facilitate rational insulin prescription, technique and disposal, and self-monitoring of blood glucose.

**ACTIVITIES**

To achieve these goals, SAFES will endeavor to:
- Establish linkage with national/international professional organizations which work in the field of GDM
- Carry out screening programmes for GDM in all South Asian countries
- Organize educational activities related to the screening, diagnosis, current medical and obstetric management (including rational use of insulin), and postpartum follow-up of GDM
- Explore cost-effective, pragmatic avenues of increasing antenatal and postpartum screening for GDM
- Advocate the inclusion of GDM prevention in national health programmes
- Educate field health care providers about the diagnosis, treatment, and screening of GDM
- Explore avenues for both single center and multicenter studies for research into unique aspects of GDM in South Asian countries.

SAFES will monitor its activities using the following indicators:
- Publications from South Asia on GDM
- Presentations on GDM at various platforms especially the SAFES Endocrine Summit, and National endocrine society meetings
- Number of educational activities organized on GDM
- Audit of management practices of members of national organizations of SAFES.
- GDM screening practices
- GDM management
- Insulin usage
- Insulin disposal practices
- Self-monitoring of blood glucose practices.

**CONCLUSION**

The SAFES forum hopes to harness available resources, achieve best possible outcomes in GDM prevention and management and ensure:
- Involvement of all stakeholders
- Improvement of awareness
- Development of necessary action plans
- Formulation of policy for implementation of action plans.

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**Conflict of interest**

There are no conflicts of interest.

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