CHAPTER 7

CONCLUSIONS AND FUTURE WORK

The present study emphasizes on the various biochemical alterations that occur during 2nd trimester of pregnancy with GDM. Understanding the mechanism of these biochemical and genetic risk factors could be helpful to determine an appropriate management technique for GDM. Medications for GDM should be in such a way that there is increase in insulin response by the receptor and preventive against the development of type 2 Diabetes mellitus in future. Debate regarding GDM screening has primarily focused on the benefit to the fetus.

Consequently, several organizations have not endorsed universal screening for GDM and therefore have not addressed risk for type 2 diabetes in women with GDM. Screening for GDM will be used for its value of identifying mothers at higher risk for type 2 diabetes. Current American Diabetes Association guidelines recommend that women with GDM undergo postpartum glucose testing at 6-8 weeks after delivery and every 3 years thereafter. Future research should examine the applicability of many preventive and prognosis measures in the GDM subjects so that future onset of type 2 diabetes is avoided or managed. All women with GDM should be encouraged to engage in preventive behaviours such as increased physical activity, healthy diets, regular monitoring of blood glucose levels and maintenance of a normal body weight.