

CAN A DIABETIC WOMAN AFFORD TO GET PREGNANT?

The one moment women (well, most of the women) eagerly wait for, is having her own baby. No matter how many times she goes through the process of child birth; good or bad, it is always a memorable experience for her. Many health care workers including Obstetricians and diabetic specialists encourage women with pre-gestational diabetes to avoid getting pregnant.

Indeed, there are risks associated with pregnancy in women with pre-gestational diabetes and these risks increase if the diabetes has developed complications. The risks are not only for the mother but her baby too but, try explaining this to a woman who is desperate to have a baby of her own.

Maternal death is one of the irrevocable complications of pre-gestational diabetes¹. To reduce the risk of maternal morbidity and mortality in pregestational diabetics, it is mandatory that the management starts at the level of pre-conception all the way up to post-partum stage. Self-Management Education (SME) could be very effective in reducing maternal mortality in women with pregestational diabetes.

Self-Management should be encouraged by all the members of the team who are responsible for providing care to the women with pregestational diabetes. SME can be personalized depending on the type of diabetes, age of the woman, her resources and her level of enthusiasm. The goals set for SME should be Specific, Measurable, Achievable, Realistic and Timely (SMART).

The SME guidelines² recommended by the Canadian Diabetes Association are based on various self-management areas of focus. These should be collaborated with the patient to create an action plan which may prove to be highly effective in prevention of maternal morbidity and mortality of pregestational diabetic women.

It is high time that policy makers remove their blindfolds to this maternal and child health predicament because Maternal mortality is 5-20 times higher in women with diabetes as compared to non-diabetic pregnant women^{3,4}.

"Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century"(Ban Ki-Moon).

Faryal Baddia*

MBBS, MPH, MSc

Health policy planning & Financing (UK)

@ faryalbaddia@gmail.com

+92-335-0591749

**Dr Faryal Baddia is a gold medalist in MPH from Khyber Medical University Peshawar. She worked as a Deputy Director of the Independent Monitoring Unit, Deptt of Health, Khyber Pakhtunkhwa, and was a key member of the Health Road Map team. Currently, she is working as a Project Manager for HCID initiative of the International Committee of the Red Cross in Peshawar.*

REFERENCES

1. Leinonen PJ, Hiilesmaa VK, Kaaja RJ, Teramo KA. Maternal mortality in type 1 diabetes. *Diabetes Care*.2001; 24(8):1501-02.
2. Robinson DJ, Luthra M, Vallis M. Canadian diabetes association 2013 clinical practice guidelines for the prevention and management of diabetes in Canada. *Can J Diabetes*. 2013;37(suppl 1):S1-212.
3. Cousins L. Pregnancy complications among diabetic women: review 1965-1985. *Obstetrical & gynecological survey*. 1987 Mar 1;42(3):140-9.
4. Leinonen PJ, Hiilesmaa VK, Kaaja RJ, Teramo KA. Maternal mortality in type 1 diabetes. *Diabetes Care*. 2001 Aug 1;24(8):1501-2.