

Providing Comprehensive healthcare Services for Women with Gestational Diabetes: Challenges and Strategies for Healthcare Settings

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Dear Editor

Gestational diabetes mellitus (GDM) is the most common medical condition in pregnancy, and manifests as different degrees of carbohydrate intolerance, first beginning or diagnosed during pregnancy (1). According to the report of the International Diabetes Association (2020), in some countries the rate of gestational diabetes is 17.8-41.9% (2). The GDM prevalence in Iran was estimated at 4.9% (1). GDM is associated with various physiological complications as well as social and psychological consequences that need attention and care (3). Moreover pregnancy is associated with changes in sexual functioning, and when it is accompanied by special disorders such as GDM, sexual problems are aggravated (4). Women with GDM would face financial and organizational problems resulting from treatment and lack of access to centralized services including inefficient services in treatment and consultation, as well as insufficient information acquisition. Indeed, women who have economic problems often face obstacles such as lack of insurance and high costs that they should pay in order to gain

access to healthcare services. Another problem is that pregnancy and GDM care for affected women are undertaken in separate centers. Yet the level of cooperation between gynecologists and diabetes specialists is only about 25%, which is undesirable (5-6).

Considering the aforementioned issues, we proposed strategies at different levels, from micro to macro, to provide comprehensive healthcare services and improve the health of women with GDM.

It is suggested to policymakers and healthcare planners to establish e-centers for high-risk pregnancies along with the presence of the healthcare team to provide comprehensive services for women with GDM. The availability of a midwife with sufficient knowledge and skills regarding GDM alongside the healthcare team to provide consultation for women with GDM would be beneficial. Consideration should also be given to training all healthcare personnel, including physicians and other practitioners regarding professional ethics in high-risk pregnancies. Additionally, it is recommended that healthcare providers integrate GDM education programs into hospital

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care programs for referred women with GDM. At this point, a multidisciplinary care team with extensive experience and coordinated communication is required to meet the needs of pregnant women with GDM.

It is essential to conduct sexual education workshops in order to inform and empower the healthcare team so that they can provide reliable information and good quality consultations to women with GDM. Also, provision of resources and space to support sexual health services in GDM patients in an effective way to deal with their health issues.

Conflicts of interest

Authors declared no conflicts of interest.

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