Gestational Diabetes Mellitus (GDM) refers to diabetes during pregnancy, an undertreated condition impacting nearly 18 million women every year.\(^1\)

Untreated GDM has serious consequences for maternal and newborn health, and increases the risk of developing diabetes and other non-communicable diseases (NCDs) later in life.\(^2\) Timely diagnosis and treatment of diabetes in pregnancy offers an important window of opportunity—a chance to reduce short- and long-term health risks for women and children. Unfortunately, GDM has received relatively little attention as a public health priority.

Impact of GDM on Maternal and Child Health

14% of pregnancies globally
18 million live births a year\(^1\)

**Short-Term Impact**

- Significantly increased risk of **maternal morbidity and mortality due to complications** such as excessive birth weight (macrosomia), hemorrhage, hypertensive disorders, obstructed labor and infection/sepsis\(^2\)

- **Higher likelihood of preterm birth**, a leading cause of death in children under 5\(^3\)

**Long-Term Impact**

- **Highly increased risk of developing NCDs such as diabetes, obesity and hypertension**\(^2\)

- About **50% of mothers with GDM** develop type 2 diabetes within 5 years\(^4\)

- A child is **up to 8 times more likely to develop type 2 diabetes** if its mother had undertreated GDM\(^5\)

"The cost of inaction against NCDs outweighs the cost of action for any country in the world today."

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LESSONS CAN BE LEARNED FROM A LOCALLY-MANAGED GDM PROJECT IN BARRANQUILLA, COLOMBIA CALLED “VIDA NUEVA” OR “NEW LIFE.”

The project’s holistic NCD-awareness and capacity-building approach has unlocked vast resources, demonstrating that relatively small investments to integrate GDM care into existing prenatal services can significantly improve standards of care.

**Vida Nueva worked with the government to:**

1. mandate GDM treatment guidelines for all public providers (a first in Colombia)
2. raise awareness among pregnant women
3. build the capacity of health workers and increase quality of care
4. improve patient support for Barranquilla’s most vulnerable population

The rate of GDM screening for pregnant women went from **5% to 97%** in three years

**50-fold** increase in GDM diagnosis

9 out of 10 women diagnosed with GDM received nutrition counseling

29% of women diagnosed had **no risk factors** for GDM, validating the need for universal screening

More than **1,250** local health workers were trained on the new GDM Guidelines

In recognition of *Vida Nueva*’s achievements, the Colombia Ministry of Health recognized Barranquilla as a national model city for diabetes care.

To access the full case study, visit:
http://www.worlddiabetesfoundation.org/what-we-do/pregnancy-and-diabetes-resources

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