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PUBLIC AWARENESS ABOUT GESTATIONAL DIABETES MELLITUS IN SRI LANKA

Introduction

Gestational Diabetes Mellitus (GDM) is defined as «carbohydrate intolerance resulting in hyperglycemia of variable severity with the onset of first recognition during pregnancy». It is one of the most common metabolic disorders that occur during pregnancy and affects up to 12,9 % of pregnancies worldwide [1], with short- and long-term consequences if undiagnosed or untreated. There is an exponential rise in the prevalence of diabetes throughout the world, with South Asia being its focal point. Its incidence has increased in South Asia by 111 % in the past 15 years, when compared to other continents, which have less than a 50 % rise [2]. Hence, Sri Lankans are clearly a high-risk population. It leads to multiple perinatal complications in both mother and fetus. There is also the future risk of developing type 2 diabetes mellitus (DM) among the mothers and a long-term risk of developing obesity, hypertension, and type 2 DM among the babies of GDM mothers.

Knowledge of GDM, especially its risk factors and complications, is essential to its management and preventive strategies, thereby reducing its burden. Studies conducted worldwide to assess GDM knowledge have shown different results. A multicenter study among women attending antenatal care (ANC) in India showed that very few (6,3 %) of the pregnant women were aware of GDM [3]. Conversely, Bhowmik and colleagues in 2018 in Bangladesh showed that 81,8 % of their study participants were aware of GDM; however, the knowledge score was low [4]. A United States study [5] among 85 pregnant women showed that none could correctly identify GDM risk factors.

Several studies have assessed GDM knowledge worldwide; most studies were conducted among pregnant women. Very few assessed GDM knowledge among the general population, and even fewer studies included males. Fathers' involvement in maternal care has been found to increase early ANC visits and positively affect both maternal and child health [6]. Furthermore, knowing a population's GDM knowledge level is essential for implementing preventive strategies.

Goal

The present study is aimed to investigate the gestational diabetes mellitus (GDM) knowledge status, level, and source of knowledge among the Sri Lankan community and to

identify factors associated with these. As Sri Lankan population is clearly at high risk for GDM, it will be useful to control the spread of GDM by educating the community and to understand how health promotion could be best targeted.

Material and methods of research

I conducted a study among randomly chosen 140 Sri Lankan citizens and collected data from them using an online self-administered questionnaire using Google forms. And with the use of scientific literature and articles related to this topic.

The results of the research and their discussion

This study was conducted among 140 randomly chosen Sri Lankans to assess their GDM knowledge status and levels. I assessed participants' sociodemographic characteristics, including age, gender, marital status, knowing someone who had GDM. Additionally, I added some questions to assess the knowledge about risk factors, complications, diagnosis and management on GDM.

55,7 % females and 44,3 % males participated in the study. Almost 61,4 % had heard of GDM before. Gender was identified to be independently associated with this knowledge status. This study has highlighted the difference in GDM knowledge status between male and female. Nearly half of the males (48,39 %) and 29,48 % of females have never heard of GDM. 55,7 % of the people have never known anybody with GDM. The study also showed that knowledge levels were mostly fair among those who had heard of the condition. 50 % of the married have not heard about GDM before. 25 % of the unmarried have never heard about GDM. GDM knowledge sources were mainly friends/families (37,9 %), school/ university (35,7 %), and social media (35 %). In addition, when we talk about the age and awareness about GDM, 50 % of the age > 40 years have not known about GDM. 81,81 % in the age range of 30–40 have heard about GDM, 69,23 % in the age of 25–30 have heard about GDM & 70,83 % in the age between 20–30 have heard about GDM. This shows that older communities (> 40 years) are the least to get to know about the disease GDM. The internet (social media and other resources), also popular among younger crowd, could be used as one of the platforms for awareness campaigns among them. So their knowledge about GDM is higher than the older (> 40years).

Looking at the knowledge domains, more people had higher knowledge of GDM risk factors than its diagnosis, management, and complications. 43,9 % did not know in which trimester GDM screening is done in. 33,8 % answered as 2nd trimester, 18 % as 1st trimester and no one has selected the 3rd trimester. GDM management knowledge among participants was average, 62,1 % thought that diet and exercise is the way of controlling GDM. This is one of the most important things to know about GDM to promote proactive healthy lifestyle changes. 55 % marked as oral medication or insulin as the method of management. 22,9 % didn't have any idea about GDM management.

Out of the 10 GDM risk factors assessed, BMI > 30 kg/m^2 was selected by 62,1 %, DM family history by 57,1 %, previous GDM by 53,6 %, pregnancy weight gain by 38,6 %, advanced maternal age by 30,7 % and smoking by 17,9 %. The least identified risk factor was being an south Asian (12,9 %). 27,9 % marked the answer as they have no idea about the risk factors. Meanwhile, 67,1 % marked that the complications mainly affect the both mother and baby & 7,9 % thought that the complications affect mainly to the baby. 21,4 % marked the answer as not sure here.

When talking about the neonatal complications, 43,9 % have selected birth defects & 41 % have selected prematurity. 36 % doesn't have any idea about the neonatal complications. About maternal outcomes after GDM, 58 % marked risk of developing DM afterwards & 53,6 % marked GDM in future pregnancies.

Knowing someone with GDM increases the chances of having a deeper knowledge of it, and may partially explain why nearly half of the males in this population had never heard of GDM before. Culturally, in this setting, women are more likely to discuss pregnancy issues with other women among friends and families than men. This highlights the need for more and broader community – based awareness campaigns to disseminate correct GDM knowledge to the population.

Conclusions

The study showed almost two – third of people had heard of GDM; hence, about one-third had never heard of it before. It highlights the need for GDM awareness campaigns among the community, especially among the identified groups with knowledge gaps. In addition, there is a need to involve the general population, as we found it to be the primary source GDM knowledge. GDM awareness should be included in preconception care, and male involvement should be encouraged. Premarital counseling and screening programs could be a golden opportunity to initiate GDM awareness and preventive strategies, especially among young adults considering the knowledge gap. More research should be conducted to assess such programs' short- and long-term effectiveness.

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FACTORS THAT AFFECT TIMING OF PREGNANCY DATING SCAN IN SRILANKA

Introduction

Assessing of accurate gestational age of pregnant women early is very important for all prenatal investigations and to determine the estimated date of delivery [1]. It helps to determine fetal growth and to find out any deviation of fetal growth such as intrauterine growth restriction or fetal macrosomia [2]. Inaccurate dating may affects management of pregnancy and it's outcomes. Over estimation of gestational age can cause iatrogenic prematurity while underestimation may lead to a delay in intervention and post maturity [3]. Estimated date of delivery can be calculated by the woman's last recorded menstrual period (LRMP) [1]. But