

Poor adherence to self-monitoring of glucose in GDM

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at 100 to 140 minutes after meals. Ethnicity and higher hemoglobin A1c (HbA1c) at baseline correlated with inadequate timing. There was a correlation for poor adherence with higher likelihood of preeclampsia; inadequate post-prandial test timing correlated with higher HbA1c at delivery, regardless of more frequent insulin therapy.

"Although [women](#) with GDM are considered to be highly motivated, SMBG adherence and reliability are of concern and may be associated with poor gestational prognosis, suggesting that caregivers should systematically check the glucose meter memory to improve GDM management," the authors write.

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More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Only about 60 percent of women with newly diagnosed gestational diabetes mellitus (GDM) perform 780 percent of required self-monitoring of blood glucose (SMBG) tests, according to a study published online July 18 in *Diabetes Care*.

Emmanuel Cosson, M.D., Ph.D., from the Université Paris, and colleagues analyzed pregnancy outcomes for French-speaking women, selected prospectively, with newly diagnosed GDM who were referred to a diabetes management program and understood the principles of SMBG.

Data were analyzed for 91 women over 13 ± 3 days. The researchers found that, overall, 61.5 percent of the women had performed 780 percent of the required tests. There was an association for poor compliance with family history of diabetes, social deprivation, and non-European origin. There was an average of 141 ± 20 minutes between pre- and post-prandial tests; 46.5 percent of women performed 780 percent of post-prandial measures

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