IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

V.Yasodha M.Sc (N) Professor Sree Balaji College Of Nursing Department Of Community Health Nursing, Biher, Chennai

A study to assess the knowledge regarding gestational diabetes mellitus among primi mothers in primary health centre pallavaram, Chennai

ABSTRACT INTRODUCTION

Pregnancy is a particular time for all women. Diabetes mellitus is a global increase problem. This condition becomes even more delicate when there is a diagnosis of gestational diabetes mellitus which makes necessary control and therapies that will affect the women's life. Gdm can leads to potential risk for the mother, fetus and child development. Gdm represent glucose level in high end of population distribution during pregnancy gdm carries a small but potentially importance risk of adverse prenatal outcomes and longer term risk of obesity and glucose intolerance in offspring mother with gdm have excess of hypertensive disorder during pregnancy and high risk of dm. Diagnosing and treatment of gdm can reduce prenatal complication, but only a small fraction of pregnancies benefit.

If the gdm is left untreated it can be leads to more complication for both mother and fetus. Gestational diabetes increases your risk of C-section birth the prevalence of gestational diabetes mellitus (gdm) is on the rise globally. This global increase occurring mostly in developing countries like india where to assess maternal care is often limited. Recently, prevalence of gdm was found to be 18% in hapo study (hyperglycemia and adverse pregnancy outcome). Knowledge about gdm among women will translate into adaption of healthy life style.

Key words:

Gestational diabetes mellitus, hyperglycemia, prenatal complication

Result & analysis:

Majority 16(53%) of them were belong to the age group of 25–30-year majority 20(67%) of them were believe hindu religion majority 22(74%) of them were done under graduation. Majority 24(80%) of them were nuclear family. Majority 26(87%) of them were earning 15,000-30,000.majority 15(50%) of them were using internet and social media as their source of health information. Majority 22(73%) of them were employee. Majority 18(60%) of them were belong to medium level the language. Majority 17(57%) of them were belong to urban area.

INTRODUCTION

Pregnancy is a particular time for all women. Diabetes mellitus is a global increase problem. This condition becomes even more delicate when there is a diagnosis of gestational diabetes mellitus which makes necessary control and therapies that will affect the women's life. Gdm can leads to potential risk for the mother, fetus and child development. Gdm represent glucose level in high end of population distribution during pregnancy gdm carries a small but potentially importance risk of adverse prenatal outcomes and longer-term risk of obesity and glucose intolerance in offspring mother with gdm have excess of hypertensive disorder during pregnancy and high risk of dm. Diagnosing and treatment of gdm can reduce prenatal complication, but only a small fraction of pregnancies benefit.

If the gdm is left untreated it can be leads to more complication for both mother and foetus. Gestational diabetes increases your risk of c-section birth the prevalence of gestational diabetes mellitus (gdm) is on the rise globally. This global increase occurring mostly in developing countries like india where to assess maternal care is often limited. Recently, prevalence of gdm was found to be 18% in hapo study (hyperglycemia and adverse pregnancy outcome). Knowledge about gdm among women will translate into adaption of healthy life style.

1940 – it was recognized that abnormally high fetal and neonatal mortality was experienced in women who developed diabetes years after pregnancy. 1950 - the "gestational diabetes" was applied to what was thought to be a transient condition that affected fetal outcomes adversely, which then becomes less intense after delivery.

1980 – o' Sullivan found that the degree of glucose intolerance during pregnancy was related to the risk of developing diabetes after pregnancy. He proposed criteria for the interpretation of oral glucose tolerance test during pregnancy that were statistically significant.

1980 - these cut-off points were adapted and were applied and were applied to have a modern definition of gestational diabetes glucose intolerance with onset or first recognition during pregnancy.

Exercise and diet were considered important for the control and prevention of diabetes for (45%) of people.

- > The potential candidates for gdm
- Positive family history of diabetes
- History of previous birth of an overweight baby
- Obesity
- Age over 30 years
- History of unexpected fetal loss

- > Untreated gestational diabetes can result in complications such as preeclampsia, cesarean delivery, macrosomia and neonatal hypoglycemia.
- Management of gestational diabetes involves dietary modification.

Encouragement of regular, moderate intensity physical activity including walking and yoga.

Need for the study:

pregnancy is a particular time for all women. Diabetes mellitus is a globally increased health problem. This condition becomes even more delicate when these is a diagnosis of gestational diabetes mellitus which makes necessary control and therapies that will inevitably affect the women's life. Gdm can leads to potential risk for the mother, foetus and child development.

So, we have discussed about untreated gdm can leads to gestational diabetes mellitus and also affect the health.

Where the women known about the diet, exercises, insulin, therapy awareness of knowledge in diabetes mellitus should have regulate the insulin level because this vulnerability we should practice the monitoring sugar level and controlling them in future.

To educate about the complications of gdm on mother and fetus if untreated and to avoid further complication.

Research methodology

Methodology is a high intellectual human activity used in the investigation of nature and matter and deals specially with the manner in which data is collected, analysed and interpreted.

Research design:

Non experimental descriptive research design was adopted for this study

Research approach:

Descriptive approach was adopted for this study

The target population:

The target population of this study was primigravida mother

Selection of samples:

For this study, 30 samples from primigravida mother were selected from the government hospital in chennai.

Selection of area:

The area selected for the research studying government hospital, Chennai

Construction of questionnaire:

Keeping in view the basic objective of the study, interview schedule was prepared to elicit the knowledge regarding diabetes among primi mother

scoring

Mark given to right answer=1

Mark given to wrong answer=0

The knowledge is assessed as follows:

Level of knowledge	Percentage
Adequate knowledge	Above 70 %
Moderate knowledge	50-70%
Inadequate knowledge	Below 50%

Result & analysis:

Majority 16(53%) of them were belong to the age group of 25–30-year majority 20(67%) of them were believe hindu religion majority 22(74%) of them were done under graduation. Majority 24(80%) of them were nuclear family. Majority 26(87%) of them were earning 15,000-30,000.majority 15(50%) of them were using internet and social media as their source of health information. Majority 22(73%) of them were employee. Majority 18(60%) of them were belong to medium level of socio-economic status. Majority 24(80%) of them were use tamil as their language. Majority 17(57%) of them were belong to urban area.

Bibliography

- 1. Book reference:
- 2. Metzger e, Donald cousten r organizing committee "summary and recommendations of the fourth international workshop conference on gestational diabetes.
- 3. American journal of obstetrics and gynecology "resistance exercise programme" 2010.
- 4. American college of obstetricians and gynecologists acog practice bulletin no: 190 summary, gestational diabetes mellitus, obstetrics gynecology 2018; 131(2)406-8.
- 5. National diabetes data group, diabetes in America, 2nd edition, bethesd, md, national institute of health; 1995.

6. Harper lm, mela l, landon mb, carpenter coustan compared with national diabetes data group criteria for diagnosing gestational diabetes.

NET REFERENCE

www.effectivehealthcare.ahrq.gov.

www.uspresentivesservives.org.

www.nice.org.uk.

www.researchgate.net.

www.ncbi.n/m.nib.gov.

