



Treatments of Gestational Diabetes Mellitus—How Can We Achieve Glycemic Targets?

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Message from the Guest Editor

Dear Colleagues,

Gestational diabetes mellitus (GDM) is one of the common complications of pregnancy. One of the key studies on gestational diabetes revealed that there was no risk threshold in the association of fetal macrosomia and glycemia. The basic element of treatment of GDM is lifestyle behavior change: nutrition therapy and physical activity during pregnancy.

The aim of the Special Issue is to provide an overview of the key glycemic targets for the treatment of GDM in self-monitoring with the use of a glucometer: both fasting and after a meal and time in range (TIR) when using continuous glucose monitoring (CGM). The prevention of gestational diabetes is also a key issue, especially with the use of modern technology like CGM and telemedicine. Another important aspect associated with gestational diabetes is post-partum follow up and long-term observation after GDM, especially in light of the evidence associated with an increased risk of type 2 diabetes and cardiovascular disease after GDM.

Therefore, researchers in the field of treatment of gestational diabetes are encouraged to submit their findings as original articles or reviews to this Special Issue.





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