

Gestational Diabetes and Risk Factors: Is It Needs to Rethink on It

Dear Editor,

Gestational diabetes mellitus (GDM) and its continuation to type 2 diabetes (T2D) is a very complicated situation, and the study of its risk factors should be designed very sophisticated and comprehensively.

Referring to the study by Hanan El Ouahabi and colleagues^[1] especially on the subject of risk factors, there are some tips that I wanted to inform the authors with great respect. It seems that the main purpose of the researchers was to study the effect of educational intervention on decreasing postpartum diabetes in gestational diabetes mellitus (GDM) cases. In this study, the time of type 2 diabetes (T2D) onset in the pregnancy period, higher fasting blood glucose, and frequent use of insulin have been reported as risk factors postpartum.

In many studies, a very heterogenic list of risk factors has been discussed about the continuation of GDM to T2D, among them I can refer to the following:

Polycystic ovary syndrome, higher glucose values during pregnancy (fasting glucose), higher glycated hemoglobin A1c (HbA1c) during pregnancy, body weight and BMI (even in some cases with measurements of waist circumference or body fat), gestational age at diagnosis, women ethnics other than white European origin, age at diagnosis of GDM, parity, potential gene associations, autoantibody in the progression of GDM to type 1 not type 2 diabetes, breastfeeding, type of contraceptive (specifically the progesterone-only oral contraceptive), carbohydrate intolerance in the first trimester of pregnancy, and perinatal complications^[2,3]

Progression of GDM to T2D is very varying and reported up to 60%,^[4] which implies that it basically maybe has a mainly dynamic etiology (like microbes) than other factors. In this regard also I refer to some studies in which the possible etiologic role of different bacteria is comparatively reported in pregnant and nonpregnant women.^[4,5]

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**Hasan Hosainzadegan,
Mortaza Hosainzadegan¹**

Department of Basic Sciences, Maragheh University of Medical Sciences, Maragheh, Iran, ¹Faculty of Dentistry, Tehran University of Medical Sciences, Tehran, Iran

Address for correspondence:

*Dr. Hasan Hosainzadegan,
Department of Basic Sciences, Faculty of Medicine, Maragheh University of Medical Sciences, Maragheh, Iran.
E-mail: hasanhosainy122@yahoo.com*

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