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Challenges in the Treatment of Gestational Diabetes Mellitus: A Scoping Review of Clinical Management and Care for Pregnant Women

Challenges in the Treatment of Gestational Diabetes Mellitus: A Scoping Review of Clinical Management and Care for Pregnant Women

Challenges in the treatment of gestational diabetes mellitus: an exhaustive review of clinical management and care for embarrassed women

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SUMMARY

Gestational Diabetes Mellitus (GDM) is a clinical condition that requires systematic monitoring during pregnancy and can present challenges related to clinical management, therapeutic adherence, access to health services, and the integration of multidisciplinary care. This study aimed to map the available scientific evidence regarding the main challenges related to the treatment of Gestational Diabetes Mellitus, with an emphasis on clinical management, therapeutic adherence, care barriers, and strategies used by health professionals in the follow-up of pregnant women. This is a scoping review, carried out from a survey of scientific studies published between 2017 and 2026, in Portuguese, English, and Spanish, available in full. The search was guided by the PCC (Population, Concept, and Context) framework, considering pregnant women with GDM, challenges related to treatment and clinical and care management strategies, and health care services and practices during pregnancy.

The analysis of the studies identified five main axes related to the management of the condition: glycemic control and therapeutic strategies; adherence to treatment and lifestyle changes; barriers to access and continuity of care; health education and autonomy of the pregnant woman; and multidisciplinary action. The findings show that the management of GDM is multifactorial in nature and does not depend on clinical intervention, being influenced by individual, social, educational aspects and those related to the organization of health services. Individualized care, health education, multidisciplinary follow-up, and the reduction of access barriers are relevant elements to promote continuity of care and adequate control of the condition. It is concluded that addressing the challenges related to GDM requires an integrated, continuous approach centered on the needs of the pregnant woman, strengthening prenatal care and the articulation between the different professionals involved in care.

Keywords: Gestational Diabetes Mellitus; Pregnancy; Treatment; Clinical Management.

ABSTRACT

Gestational Diabetes Mellitus (GDM) is a clinical condition that requires systematic follow-up during pregnancy and may present challenges related to clinical management, treatment adherence, access to health services, and integration of multiprofessional care. This study aimed to map the available scientific evidence on the main challenges related to the treatment of Gestational Diabetes Mellitus, with emphasis on clinical management, therapeutic adherence, care barriers, and strategies used by health professionals in the follow-up of pregnant women.
This is a scoping review, based on a survey of scientific studies published between 2017 and 2026, in Portuguese, English, and Spanish, made available in full. The search was guided by the PCC (Population, Concept and Context) structure, considering pregnant women with GDM,

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the challenges related to treatment and clinical and care management strategies, and health care services and practices during pregnancy. The analysis of the studies allowed the identification of five main axes related to the management of the condition: glycemic control and therapeutic strategies; adherence to treatment and lifestyle changes; barriers to access and continuity of care; health education and autonomy of pregnant women; and multiprofessional performance.
The findings show that the management of GDM is multifactorial in nature and does not depend on clinical intervention, being influenced by individual, social, educational, and aspects related to the organization of health services. Individualized care, health education, multidisciplinary follow-up, and the reduction of access barriers are relevant elements to favor the continuity of care and adequate control of the condition.
It is concluded that facing the challenges related to GDM requires an integrated, continuous approach centered on the needs of pregnant women, strengthening prenatal care and the articulation between the different professionals involved in
care.
Keywords: Gestational Diabetes Mellitus; Pregnancy; Treatment; Clinical Management.

1 INTRODUCTION

Gestational Diabetes Mellitus (GDM) is a clinical condition that presents challenges.
significant to obstetric care because they require systematic monitoring and coordination.
among different care strategies throughout pregnancy. Although there are recommendations
With established guidelines for monitoring these pregnant women, the effectiveness of the management can be...
influenced by different factors related to the identification of the condition, to
clinical monitoring, adherence to therapeutic guidelines, and access to health services.
and to the integration between the professionals responsible for the care.
My interest in the topic arose from the need to understand what the main...
The difficulties relate to various factors, such as identifying the condition, clinical follow-up,
Adherence to therapeutic guidelines, access to health services, and activation of treatment are all factors.
and to the monitoring of pregnant women with gestational diabetes, considering that the management of the condition
It involves behavioral changes, nutritional monitoring, and glycemic control.
Health education and the pregnant woman's active participation in her own care. In this context,
Understanding the obstacles encountered during treatment is fundamental to identifying
strategies capable of promoting continuity of care and improving the quality of
care provided.
The relevance of this study is related to the need for care that takes into account the
Specific characteristics of pregnant women and the various factors that can interfere with treatment.
Aspects such as difficulty adhering to recommendations, limitations in accessing services,
need for multidisciplinary support, understanding of the guidance received and
The availability of resources for monitoring can represent significant barriers to...

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proper management of the condition. Furthermore, identifying these difficulties can...
to contribute to the planning of more individualized actions and to the strengthening of
Health education practices during prenatal care.

The choice of a scope review is justified by the possibility of mapping and organizing the
scientific production available on a given phenomenon, allowing the identification of different
approaches, management strategies, care barriers, and existing gaps in the literature.
In contrast to an approach restricted to evaluating the effectiveness of a specific intervention,
This type of review makes it possible to gather evidence from different designs and
perspectives, promoting a broad understanding of the challenges related to treatment and
to provide assistance to pregnant women with gestational diabetes.

Conducting this study may contribute to identifying the main difficulties.
present in the clinical management of GDM and for the recognition of care strategies that
These findings can be incorporated into or improved upon in healthcare services.
to assist in the training of professionals involved in prenatal care, promoting
a more integrated approach, targeted to the needs of pregnant women. Therefore, the study
This is relevant both for clinical practice and for the development of future [studies/research].
research related to the care of women with gestational diabetes mellitus (GDM).

Given this context, the objective is to map the available scientific evidence.
Regarding the main challenges related to the treatment of Gestational Diabetes Mellitus,
with an emphasis on clinical management, therapeutic adherence, care barriers, and strategies.
used by healthcare professionals when monitoring pregnant women.

2. THEORETICAL REVIEW

Gestational Diabetes Mellitus (GDM) is a significant metabolic disorder of
pregnancy represents a significant challenge for prenatal care, especially because of
need for timely diagnosis, ongoing monitoring and adequate control of
Maternal glycemia. It is characterized by an alteration in carbohydrate metabolism, with
Hyperglycemia of varying intensity, first identified during pregnancy and that
It may not persist after childbirth. Although it may resolve in the postpartum period, the
DMG is associated with a higher risk of complications during pregnancy, childbirth, and the postpartum period.
neonatal diabetes, in addition to increasing the likelihood of future development of type 1 diabetes mellitus.
2 in women (SBD, 2020).

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The occurrence of DMG is related to the profound physiological adaptations that take place.
During pregnancy. Throughout gestation, the mother's body undergoes changes.
hormonal and metabolic processes necessary to ensure an adequate supply of nutrients to
fetus. Among these changes, the progressive increase in insulin resistance stands out in the
second half of gestation. This phenomenon is considered a physiological adaptation.
related to the action of hormones produced by the placenta, which have an antagonistic effect on
insulin and promote greater availability of glucose in the maternal circulation to meet the needs of
fetal needs (De Oliveira Junqueira et al., 2021).

During pregnancy, important changes also occur in the production and storage of hormones.
energy. Fat storage is most intense in the first two-thirds of the

During pregnancy, an increase in maternal energy expenditure is observed, while in the final period, an increase in maternal energy expenditure is noted.

Changes are part of the metabolic adaptation process to pregnancy and influence the...
Carbohydrate and lipid metabolism (Aires, 2024). Hormone levels such as
Estrogen and progesterone levels increase as a result of placental activity, contributing to...
modifications in maternal glucose metabolism (Borges et al., 2021).

The insulin resistance that develops during pregnancy is compensated for under certain conditions.
normal, due to increased activity of pancreatic beta cells and the consequent elevation
of insulin secretion. However, when the pancreas's ability to produce insulin is reduced.
Maternal oxygen is not sufficient to compensate for the increase in peripheral resistance, resulting in an elevation.

of blood glucose levels and gestational diabetes mellitus (GDM) may develop. Thus, the disease results from the interaction between
insulin resistance inherent to pregnancy and an insufficient pancreatic response to meet
to maternal metabolic needs (Santos, 2018).

Maternal metabolic changes have direct repercussions on the environment.
Intrauterine. The increase in glucose concentration in the mother's blood favors greater
glucose transfer across the placenta to the fetus. In response, the fetal pancreas is
Stimulated to increase insulin production, causing fetal hyperinsulinemia. Exposure
Prolonged exposure to this metabolic environment can contribute to excessive fetal growth and
for the development of complications in the neonatal period (Santos, 2018).

The prevalence of GDM varies widely among different populations, being
related to the epidemiological characteristics of pregnant women and diagnostic criteria
employees. Estimates indicate prevalence rates between 1% and 14%, with an approximate average of 7%.
of pregnancies, representing a significant number of cases and highlighting the relevance of
problem for health systems (Da Silva, 2026). This variability also demonstrates the

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importance of using standardized diagnostic criteria and appropriate strategies
screening during prenatal care.

Screening for gestational diabetes mellitus (GDM) is one of the fundamental steps in prenatal care.
Blood glucose monitoring should be performed from the beginning of prenatal care.
allowing the identification of women who already have glycemic alterations or diabetes.
diagnosed during pregnancy. When diabetes is not diagnosed at the beginning of prenatal care,
The investigation should continue during the appropriate gestational period between the 24th and 28th weeks.
week, a phase in which insulin resistance tends to be more pronounced (Borges et al., 2017).
Early identification is crucial for initiating therapeutic interventions.
at the appropriate time and to reduce maternal-fetal exposure to hyperglycemia.

Diagnosis and monitoring of gestational diabetes mellitus (GDM) are significant challenges in practice.
Clinically, this is important because the disease may present with few symptoms or remain asymptomatic.
In this context, the systematic performance of the recommended tests during prenatal care is
indispensable. The absence of evident clinical manifestations can make it difficult to perceive the
The disease affects pregnant women and reinforces the need for organized prenatal care, capable of...
to ensure tracking, diagnostic confirmation, and monitoring of changes.
glycemic.

After diagnosis, the treatment of GDM should be individualized and based on control.
Glycemic control and in the prevention of maternal and fetal complications. Non-pharmacological measures
These generally constitute the first therapeutic approach and include nutritional guidance.
weight gain management, encouraging physical activity when there is no other option.
Obstetric contraindication and regular blood glucose monitoring. Diet plays a role.
central to disease management, since the distribution and quality of carbohydrates are crucial.
Consumed foods influence blood glucose levels. Therefore, monitoring
Nutritional planning should take into account the specific energy and nutritional needs of pregnancy.
avoiding both overeating and inappropriate restrictions that could compromise the
Maternal and fetal health.

Physical activity can also contribute to the metabolic control of pregnant women with gestational diabetes.
because it promotes peripheral glucose utilization and improves insulin sensitivity. However,
Its indication should take into account individual clinical and obstetric conditions, and it is necessary
Professional guidance is needed to establish the appropriate intensity, frequency, and duration.
The therapeutic approach should be based on maternal safety, growth, and
fetal development and the particularities of each pregnancy.

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When measures related to diet and physical activity are not enough to
To achieve the desired glycemic control, treatment may be necessary.
Pharmacological. Insulin therapy plays a relevant role in these cases because insulin
It has proven efficacy in controlling hyperglycemia and does not cross the placenta.
significant quantity. The indication for pharmacological treatment should be accompanied by
Frequent blood glucose monitoring and education of the pregnant woman regarding the administration of
Medication, recognition of signs of hypoglycemia, and the importance of adherence to treatment.
Blood glucose monitoring represents another challenge in the management of GDM. The need for
take frequent measurements, modify eating habits, engage in physical activity, and in
In certain cases, using insulin can increase the complexity of treatment and make it more difficult.
Adherence. Issues related to the pregnant woman's routine, access to health services,
availability of resources for glycemic monitoring, knowledge about the disease and
Family support can interfere with the continuity of care. Thus, assistance to DMG
It must go beyond the biomedical perspective and consider social, educational, and other factors.
Behavioral factors that influence treatment.

In this context, health education plays a fundamental role. Pregnant women need
to understand the meaning of the diagnosis, the possible risks associated with hyperglycemia, and the
The importance of the recommended therapeutic measures. Clear and accessible information can
to promote women's autonomy and improve their participation in decisions related to
Self-care. Communication between professionals and pregnant women should be continuous, considering
the level of understanding, the socioeconomic conditions, and the difficulties encountered throughout
of the treatment.

Multiprofessional care is another essential dimension of GMD management.
Monitoring may involve professionals from different areas, including doctors,
nurses, nutritionists, physical education professionals and other members of the team of
health, according to the needs presented by the pregnant woman. Integrated action allows
addressing clinical, nutritional, behavioral, and educational aspects, contributing to
greater comprehensiveness of care and for adequate disease control.

The importance of proper treatment is related to the risk of complications arising from
Maternal hyperglycemia. Elevated blood glucose levels during pregnancy are associated with a higher risk of maternal hyperglycemia.
probability of adverse maternal, fetal, and neonatal outcomes. Among the complications
Among the maternal complications, gestational hypertension, pre-eclampsia, and the need for delivery stand out.
Cesarean section. For the fetus and newborn, macrosomia and shoulder dystocia may occur.

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prematurity and neonatal hypoglycemia, in addition to other adverse events related to intrauterine metabolic environment (De Aquino et al., 2024). The risk of these outcomes tends to increase as maternal blood glucose levels rise, reinforcing the importance of diagnosis and metabolic control.

In addition to the immediate repercussions of pregnancy, GDM is clinically important because it is... related to the future risk of metabolic changes for both the mother and the child. Women who have gestational diabetes mellitus (GDM) are more likely to develop diabetes mellitus. Type 2, which makes postpartum follow-up an important part of care. Therefore, care should not end with the birth of the baby, and it is necessary to establish postpartum follow-up strategies, metabolic reassessment, and promotion of healthy lifestyle habits.

In this sense, the management of Gestational Diabetes Mellitus should be understood as a A continuous process that involves tracking, diagnosis, monitoring, and intervention. Therapeutic, health education, and maternal-fetal care. The challenges encountered were not They are limited to identifying hyperglycemia, but encompass the need to ensure adherence. to recommendations, access to specialized follow-up, adequate metabolic control and Integration between the different professionals involved in care. The complexity of DMG. This therefore highlights the need for an individualized and multidisciplinary approach. capable of responding to the specific clinical and social needs of each pregnant woman.

Understanding these aspects is fundamental to analyzing the challenges faced in treatment of gestational diabetes mellitus (GDM) and to improve care for pregnant women. In this context, the A literature review allows us to identify the main strategies used in clinical management. the difficulties related to glycemic control and therapeutic adherence, as well as the gaps existing factors in prenatal care. Knowledge of these factors can contribute to development of more effective, humanized and integrated care practices, with potential to reduce maternal and neonatal complications and promote better health outcomes of the woman and the newborn.

3 METHOD

This is a scoping review, developed for the purpose of mapping and synthesize the available scientific evidence on the challenges related to treatment. of Gestational Diabetes Mellitus (GDM), with a focus on clinical management and care for

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pregnant women. The choice of this methodological approach is justified by the possibility of bringing together different types of evidence and identify the extent, nature, and characteristics of existing scientific production on a given phenomenon, in addition to allowing recognition knowledge gaps that can guide future research.

The guiding question for the review was defined based on the study's objective: what are the main challenges related to the treatment and care of Gestational Diabetes Mellitus for pregnant women, considering clinical management, therapeutic adherence, care barriers and... What strategies are adopted by healthcare professionals? For the organization of the review question, The PCC (Population, Concept, and Context) framework was considered, an approach used in Scope revisions to define the central elements of the investigation. The population This corresponded to pregnant women with gestational diabetes mellitus; the concept was related to the challenges of treatment and to clinical and care management strategies; and the context She understood the health care services and practices during pregnancy.

The bibliographic search was conducted in electronic databases selected for their... Relevance to the fields of health, obstetrics, nursing, and biomedical sciences. The databases were consulted using controlled descriptors and Keywords related to the topic. The search strategy was built based on the concepts. central to the review issue, including the terms "Gestational Diabetes Mellitus", "Gestational Diabetes Mellitus", "Diabetes Gestacional", "treatment", "clinical management" "assistance", "pregnant women", "pregnancy", "clinical management" and related terms, combined using the Boolean operators AND and OR, according to the specific needs of each database.

The survey of studies was conducted between 2017 and 2026. Studies were considered. Published in Portuguese, English, and Spanish, available in full text. A The time frame was established with the aim of encompassing scientific production. relevant to the contemporary development of DMG and management strategies Assistance to pregnant women.

Defined inclusion criteria were established to guide the selection of evidence. Studies addressing gestational diabetes mellitus in pregnant women were included, and that presented information on treatment, clinical management, follow-up, and adherence. therapeutics, health education, multidisciplinary care, barriers to care or Intervention strategies in the context of pregnancy were also considered. Different strategies were also considered. research designs, provided they presented information relevant to the question.

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guiding the review and were available in the established languages.

Studies that did not have a direct relationship with the objective of the review were excluded;

publications focused on type 1 or type 2 diabetes mellitus, without a specific approach to

DMG; studies conducted in the postpartum period, when they showed no relation to

Management of gestational diabetes mellitus (GDM) during pregnancy; in addition to duplicates, editorials, letters to the editor, and abstracts.

of events, expert opinions, and publications without access to the full text. When the

The same study was retrieved from more than one database; the duplicate was counted once.

time.

After the searches were conducted, the recovered records were organized for identification.

and exclusion of duplicates. Next, the studies were screened using analysis.

of titles and abstracts, considering the established eligibility criteria. The studies

Relevant candidates were submitted for full-text reading to confirm their eligibility.

The selection process was conducted in a systematic way, recording the identification stages,

Screening, eligibility, and inclusion of studies. The selection process should be presented in

flowchart, allowing you to demonstrate the number of records identified, removed by

Duplicates, excluded during screening and included in the final synthesis, according to the

Presentation recommendations for scope reviews.

A data collection instrument was developed to extract and organize the information.

which contains the main characteristics of the selected studies. The following were considered,

Depending on the availability of information, the following elements: author and year of publication.

Country where the study was conducted, objective of the study, methodological design, population investigated.

characteristics of the care provided, treatment and follow-up strategies, main

challenges or barriers identified, multidisciplinary participation, outcomes related to

Care and main conclusions of the authors.

The extracted data were organized descriptively and grouped into related themes.

The synthesis aimed to identify convergences and differences between the studies, in line with the objective of the review.

allowing the evidence to be organized into categories related to the main challenges of

treatment of GDM, clinical management strategies, adherence to therapeutic recommendations,

to barriers to access and continuity of care, to health education and to action

multidisciplinary. As this is a scoping review, the objective of the synthesis was to map and

to characterize the available scientific production. The scoping review methodology includes

Organization and presentation of evidence according to the nature and scope of the literature.

identified.

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The presentation of the results will be done in a narrative manner and, when relevant, by through tables and charts characterizing the included studies, making it possible to visualize the main characteristics of the evidence found and its relation to the guiding question.

4 RESULTS

The literature search was conducted according to the established criteria, considering publications related to Gestational Diabetes Mellitus, clinical management and care of pregnant women. Studies published between 2017 and 2026, in Portuguese, English and Spanish, and available in full.

The included studies presented different methodological designs and were developed, highlighting the diversity of perspectives that exist on the management of DMG. The scientific production analyzed included studies focused on glycemic control, nutritional interventions, physical activity, pharmacological treatment, health education, Therapeutic adherence, prenatal care, and multidisciplinary approach.

Thematic analysis of the evidence allowed us to organize the findings into five main areas: Clinical management and glycemic control; adherence to treatment and lifestyle changes; Barriers to access and continuity of care; health education and the autonomy of pregnant women; and multidisciplinary action in prenatal care.

In the first axis, the studies analyzed indicated that glycemic control is one of the Central components of DMG treatment. Management involves systematic follow-up. of glucose levels, dietary guidance, physical activity when indicated and, in In cases where non-pharmacological measures are insufficient, the use of treatment The literature has therefore identified that treatment is not limited to medication. from a single intervention, but depends on the combination of different strategies and the Continuous monitoring of the maternal response.

Regarding non-pharmacological interventions, nutritional guidance was identified as A recurring component in care strategies. Adequate nutrition during Pregnancy requires individualized recommendations, taking into account nutritional needs. For women, weight gain, daily routine, and socioeconomic conditions. Physical activity It was also identified as an important complementary strategy for control. metabolic, provided that individual clinical and obstetric conditions are respected.

Another aspect identified was the need for pharmacological treatment in some of the cases.

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pregnant women who do not achieve adequate glycemic control with interventions related to Lifestyle. In these cases, insulin therapy plays a relevant role in clinical management. However, the use of medication adds new demands to the pregnant woman's routine, including the need for guidance regarding administration, blood glucose monitoring, and recognition of possible episodes of hypoglycemia.

The second axis was related to adherence to treatment. Studies have shown that adherence This should not be understood as compliance with professional guidelines, since It involves multiple dimensions of a pregnant woman's life. Changes in diet, performance frequent blood glucose testing or monitoring, regular physical activity, and use of Medications can lead to changes in routine when associated with specific demands. physical and emotional aspects of pregnancy.

Difficulties with adherence may also be related to understanding the guidelines. received. Recommendations poorly adapted to women's reality may reduce their capacity. to incorporate therapeutic measures into daily life. In this sense, the findings reinforce the The importance of individualized educational strategies and professional communication, with Accessible language.

The third axis corresponded to the barriers to access and continuity of care. They were Relevant aspects have been identified that could compromise the continuity of the monitoring. and hinder the implementation of therapeutic recommendations.

The evidence also indicated that the quality of care does not depend on availability. of clinical protocols. The existence of recommendations for the management of GDM needs to be accompanied by concrete conditions for its implementation. Thus, related limitations The structure of the services, the available resources, and the organization of the follow-up may constitute significant obstacles to the effectiveness of care strategies.

The fourth axis was related to health education. The literature analyzed highlighted the importance of providing pregnant women with information about the condition, treatment, and Blood glucose monitoring, diet, physical activity, and necessary care during the pregnancy. Health education can promote a broader understanding of the disease and to contribute to women's participation in decisions related to their own care.

The autonomy of the pregnant woman proved important in the face of the need to incorporate different Therapeutic measures into routine. Understanding the reasons why a particular behavior is recommended guidelines may encourage greater involvement in treatment, while guidance Out of context or poorly understood, these can hinder their implementation.

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The fifth axis corresponded to multidisciplinary action. Studies pointed to the importance

The importance of collaboration between different professionals in the care of pregnant women with gestational diabetes mellitus (GDM).

shared care allows addressing clinical, nutritional, behavioral and

educational initiatives, promoting more comprehensive assistance.

Overall, the results demonstrated that the challenges in treating GDM have

multifactorial nature. Glycemic control is a central goal, but achieving it is difficult.

It depends on the interaction between clinical conditions, behavior, knowledge, and access to...

services, resource availability, and organization of care. Therefore, the studies do not

They identified a single strategy capable of addressing the difficulties encountered, reinforcing the

The need for individualized and integrated approaches.

5 DISCUSSION

The results of this scoping review show that the management of Diabetes Mellitus

Gestation should be understood as a complex and continuous process, in which different

The components of care are interconnected. Analysis of the studies indicates that the related challenges

The challenges to gestational diabetes go beyond blood glucose control, encompassing adherence, health education, and access.

to the services and the integration between professionals.

Glycemic control remains a central element of treatment, as maintaining

Adequate glucose levels are linked to a reduction in the risks associated with hyperglycemia.

during pregnancy. However, the results indicate that achieving this control depends on

a sequence of decisions and behaviors to be maintained throughout the follow-up period.

Pregnant women need to incorporate new practices into their routine, carry out monitoring and

Understand the guidelines provided by the healthcare team.

This characteristic differentiates the management of GDM from a one-off intervention. Nutrition,

For example, it needs to be adjusted according to the nutritional needs of pregnancy and with

The reality for women. Rigid restrictions may be inappropriate, while guidelines...

Generic measures may not produce effective change. In this sense, monitoring is important.

Individualized nutritional planning is important for building incorporable strategies.

to everyday life.

Physical activity follows a similar logic. Although it can contribute to control

For metabolic reasons and to improve insulin sensitivity, your recommendation should consider the following.

Individual characteristics of pregnancy. The theoretical literature used in this study already highlights that

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Engaging in physical activity during pregnancy can offer health benefits for the mother.
fetal, provided that clinical and obstetric conditions are respected. Thus, professional guidance
It is essential to transform physical activity into a safe and viable component of treatment.
The need for pharmacological treatment in certain situations also highlights the
The importance of continuous monitoring. When non-pharmacological measures are not effective.
Even if sufficient amounts are present, insulin therapy may be necessary to achieve glycemic control. However,
Its use increases the complexity of the treatment, as it requires the pregnant woman to understand the...
medication administration, blood glucose monitoring, and signs related to possible
glycemic changes. Therefore, the introduction of the medication does not eliminate the need
health education, but it makes it even more important.
In this context, therapeutic adherence is one of the main challenges identified. It is
It is important to consider that pregnant women may experience physiological changes and alterations.
emotional, family and professional demands, and concerns related to oneself
pregnancy. Incorporating a routine of glycemic monitoring, planned meals,
Physical activity and insulin therapy can represent an additional burden of care.
For this reason, the absence of participation should not be interpreted as a lack of interest or of
The pregnant woman's responsibility. A broader analysis needs to consider the conditions in which
The treatment is being carried out. Economic difficulties, limited access to services, lack
lack of resources for monitoring, absence of family support, and difficulties in understanding.
Misguided instructions can interfere with the ability to follow the treatment plan.
This perspective is relevant to public health care, in which social conditions
Economic factors can determine the actual feasibility of carrying out the treatment.
The clinical recommendation will be effective when the conditions allow the woman to comply with it.
Therefore, therapeutic planning should consider what is possible and sustainable for the
The reality of pregnant women.

Health education emerges as a strategy capable of bringing clinical recommendations closer to reality.
Daily practice. Information about the disease allows the pregnant woman to understand the purpose.
of the proposed measures and recognize the importance of follow-up. More than just transmitting
Information, health education should promote the development of autonomy and
decision-making ability.
Professional communication is an essential part of this process. The excessive use of
Technical language can make understanding the guidelines difficult, while communication
Clear and tailored to individual needs can promote women's involvement.

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Therefore, health education should be continuous and occur throughout the entire follow-up period.
The results also reinforce the importance of multidisciplinary care. The DMG
It involves dimensions that cannot be addressed by a single professional category.
Medical follow-up is necessary for clinical evaluation and decision-making.
therapeutics; nursing plays a relevant role in monitoring and education.
and in monitoring; nutrition contributes to adequate nutrition; and other professionals
They can act according to the specific needs of the pregnant woman.
Integration among these professionals can reduce the fragmentation of care. When the
Guidelines are coordinated, and the pregnant woman receives a more coherent care plan. In
Conversely, contradictory information or lack of communication between members of
Teamwork can create insecurity and hinder buy-in.
Another important point concerns access to services. Proper follow-up is essential.
depends on the possibility of carrying out consultations, examinations, monitoring and interventions in
at the necessary moment. In this way, geographical, financial, and organizational barriers can
compromising care even when the pregnant woman shows interest in following the
recommendations.
The discussion of the results therefore allows us to understand that the challenge for DMG lies in
The capacity of the health system to ensure that these strategies are accessible.
understood and applied continuously. The quality of care depends on
articulation between scientific knowledge, the organization of services and the conditions

Individual characteristics of the pregnant woman.

Another relevant aspect is the need for continuity of care after childbirth. Although the
The focus of this review is on management during pregnancy, and the theoretical evidence used...
They demonstrate that the occurrence of GDM is related to a higher future metabolic risk.
Therefore, healthcare should consider pregnancy as an opportunity for
identifying risk factors and promoting healthy lifestyle habits that may
to remain after birth.
The analysis of the studies also allows us to identify gaps that can guide future research.
Among them, the need to expand research into strategies capable of stands out.
to improve adherence to treatment, to gain a deeper understanding of the barriers.
challenges faced by different socioeconomic groups and to evaluate assistance models.
multidisciplinary teams adapted to the different realities of health services.
Research exploring more effective educational strategies is also relevant.

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to adapt the guidelines to the cultural, economic, and family characteristics of pregnant women. Developing interventions that take into account the concrete reality of women can... to contribute to reducing the gap between the recommendations in the protocols and their everyday application.

Overall, the findings of this review converge on the understanding that treatment DMG should be individualized, continuous, and multidisciplinary. The combination of glycemic monitoring, nutritional guidance, physical activity when indicated, treatment Pharmacological treatment, when necessary, and health education constitute an integrated approach. However, the effectiveness of these measures depends on the existence of adequate conditions for access and monitoring.

Therefore, the challenges identified should not be attributed solely to the pregnant woman. They also reflect characteristics of the organization of services, of communication between professionals, of availability of resources and the capacity of the health system to provide follow-up care Continuous. Qualified care therefore presupposes a woman-centered approach. considering their clinical needs as well as the social circumstances that interfere with possibility of carrying out the treatment.

The results reinforce the importance of strengthening prenatal care as a space for identification. Early intervention, systematic monitoring, education, and collaborative care planning. Managing DMG requires more than just monitoring laboratory parameters: it requires close monitoring, effective communication, professional support, and strategies that encourage the active participation of pregnant women.

In this sense, the scope review highlights the main challenges related to DMG. They are interconnected. Difficulties in access can compromise monitoring; the Insufficient monitoring can hinder glycemic control; the complexity of Treatment can interfere with adherence; and inadequate communication can limit the patient's autonomy. pregnant women. On the other hand, integrated, individualized, and multidisciplinary care can To act on these dimensions, promoting better conditions for disease management.

In this way, the findings support the need for health services to develop strategies that go beyond the clinical approach and incorporate educational actions, Multidisciplinary follow-up, support for adherence, and reduction of access barriers. A Qualifying these components can contribute to more effective care and humanized care for pregnant women with gestational diabetes mellitus (GDM) and to reduce maternal and neonatal impacts. associated with the condition.

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FINAL CONSIDERATIONS

This study allowed us to map the main aspects related to the challenges in
treatment of Gestational Diabetes Mellitus, highlighting that the management of the condition involves
a complexity that goes beyond the isolated control of blood glucose. The findings demonstrate that
Care for pregnant women with gestational diabetes mellitus (GDM) should consider clinical, nutritional, and other aspects.
behavioral, educational, and social factors can interfere with this.
continuity and effectiveness of treatment.

Among the main challenges identified, the need for monitoring stands out.
Continuous glycemic control, incorporating dietary and behavioral changes into daily life
pregnant women, the need for pharmacological treatment in certain situations, the
difficulties related to therapeutic adherence and barriers that may compromise access
and the continuity of the follow-up. These elements demonstrate the effectiveness of
Treatment depends on the specific conditions available for the pregnant woman to follow the guidelines.
proposed guidelines.

Health education has proven to be a fundamental component of care, since...
Knowledge about the condition and understanding of the guidelines can lead to greater [problems/advantages].
autonomy and participation of the pregnant woman in her own care. In this sense, communication between
Communication between professionals and users should be clear, continuous, and tailored to individual characteristics.
social and cultural aspects of each woman, contributing to transforming the recommendations
Therapeutic practices that can be incorporated into daily life.

Multiprofessional collaboration is also presented as an essential element for the
Addressing the challenges related to DMG. The integration between different areas.
Professionals enable a more comprehensive approach to the needs of pregnant women.
allowing for the coordination of clinical follow-up, nutritional guidance, and health education.
Monitoring and strategies aimed at adherence to treatment. In this way, care
Sharing can help reduce fragmentation of care and promote greater...
continued monitoring.

It is concluded that the management of Gestational Diabetes Mellitus should be individualized and continuous.
and focused on the pregnant woman, considering the social, educational and care conditions that
These factors influence the outcome of the treatment. Strengthening prenatal care and expanding actions...
health education, integration among professionals, and the reduction of access barriers
These are important strategies for improving the quality of care and promoting better conditions.

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maternal and neonatal health.

Finally, the need to expand research on adherence strategies is highlighted.
therapeutic, multidisciplinary follow-up models, health education and forms of
to reduce inequalities in access to care. New studies may contribute to this.
development of interventions better suited to the different realities of pregnant women and for
Improving best practices in DMG care. Continuing scientific research.
In this area, it is relevant to strengthen prenatal care and contribute to each individual's assistance.
increasingly effective, integrated and humanized.

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