Background:

Gestational Diabetes Mellitus accounts for the majority of cases of diabetes complicating pregnancy [1-2]. According to IDF in 2019, it is assessed that 463 million individuals have diabetes and this number is projected to arrive at 578 million by 2030, and 700 million by 2045 [2]. Hyperglycemia/GDM is associated with leading causes of maternal mortality. Higher incidence of maternal morbidity, Higher incidence of perinatal and neonatal morbidity, Later long term consequences for both mother and child. It may happen due to lack of services by health providers in tertiary hospital [3]. So it’s essential to assess the knowledge and practice among the nurses and midwives who are the key responsible persons as health care providers. But no published study found regarding follow the national GDM management Guideline in our Bangladesh.

Objectives:

To assess the Knowledge and Practice of GDM Management Guideline among the Nurses in Out Patient Department at Maternal & Child Health Training Institute, Institute of Child & Mother Health, Dhaka Medical College & Hospital, Dhaka.

Methods:

A descriptive cross-sectional study was conducted among 427 nurses who were selected purposively from 3 healthcare centers of Dhaka city. Data were collected by using a semi-structured interviewer-administered questionnaire through face-to-face interview method. Knowledge and practice scores were categorized as poor knowledge (<Mean±1SD), average knowledge (Mean±1 SD), and good knowledge (>Mean±1SD) by predefined scores. Variables were also substantively modified according to the local guidelines for GDM management which guideline/ conciseness document for GDM management was developed in 2012 by the WDF- GDM project of BADAS. After the development of this document, it was distributed among 3800 health care providers in 64 districts of Bangladesh through 18 training programs. All data were descriptively analyzed and chi-square test was done to find out the relationship between knowledge and practice with socio-demographic variables of the nurses.

Results:

The mean age of the respondents was 27.8 ± 5.5, and the level of knowledge (both basic and technical knowledge) was found to be average where basic knowledge was 66.3% and technical knowledge was 67%. Female nurses had better basic knowledge and practice regarding GDM, compared to their counterparts (p= 0.002). There was a significant association with the respondent’s gender, level of education and workplace with the basic knowledge, with the level of education and marital status of respondents with technical knowledge and only there was a significant association with the respondent’s practice and monthly family income regarding GDM management. The majority (83.8%) of the female respondents received training related to the management and prevention of GDM.

Figure 1 shows that the overall level of knowledge (both basic and technical knowledge) was found to be average among the respondents. The proportion of basic knowledge was 66.3% and technical knowledge was 67%. Only the slightest percentage of respondents had a good level of basic knowledge (17.8%) and technical knowledge (17.3%). Regarding the level of practice, the majority (73.8%) of the respondents had an average practice where only 13.3% of the respondents had a good level of practice on GDM guidelines.

Conclusions:

This study provides essential information on key that all hospitals/clinics can undertake specific measures to increase the knowledge of health care providers specially nurses and midwives. Awareness raising for taking various on-job training regularly for the young generation from the graduate nurse is needed and training knowledge use properly in the practice area. Finally Health education and motivation should create positive changes in Gestational diabetes-mellitus control-related to involve of practices.

Reference: