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Chapter 7

Challenges in postpartum follow-up of women with obesity and gestational diabetes

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Abstract

This chapter explores the challenges of postpartum follow-up in women with obesity and gestational diabetes, emphasizing its impact on maternal and neonatal health. Obesity and hyperglycemia during pregnancy increase the risk of gestational diabetes, which in turn raises the likelihood of developing type 2 diabetes postpartum. The chapter highlights the importance of continuous monitoring and the use of technologies such as digital platforms and mobile applications to enhance early detection and timely intervention. Postpartum is identified as a critical period for implementing preventive strategies, where surveillance and nutrition play a key role in reducing risks and promoting long-term health in the mother-child dyad.

Keywords:

Maternal obesity; Gestational diabetes; Hyperglycemia; Type 2 diabetes; Digital monitoring.

Introduction

Obesity and gestational diabetes are public health issues affecting many women of childbearing age, especially in countries like Mexico. The prevalence of obesity in pregnant women is high, significantly increasing the risk of developing gestational diabetes. This condition not only affects the mother's health during pregnancy but also has long-term repercussions for both the mother and the baby, who may face a higher risk of metabolic diseases, such as type 2 diabetes.

One of the biggest challenges in managing gestational diabetes is proper postpartum follow-up. After childbirth, many women do not receive the necessary care to prevent the development of type 2 diabetes, which can worsen long-term health outcomes for both mother and child. In this context, breastfeeding plays a relevant role, as it has been associated with benefits for both mother and baby, such as improving glucose control in the mother and reducing the risk of obesity and diabetes in the child.

In response to these challenges, emerging technologies and specific nutritional strategies offer promising solutions to improve postpartum follow-up. Advances in the use of electronic devices for continuous glucose monitoring, along with nutrition programs tailored to the specific needs of women who have had gestational diabetes, present opportunities for more effective management. This chapter explores these solutions, analyzing how the combination of technologies and personalized nutrition can transform follow-up care and prevent long-term complications.

Obesity and Hyperglycemia During Pregnancy

Obesity is a chronic, multifactorial condition characterized by excessive body fat accumulation, which increases the risk of developing various health complications. Its global prevalence has risen alarmingly, making it a public health crisis. The onset and progression of obesity result from a combination of internal and external factors, such as an obesogenic environment, psychosocial conditions, and genetic predisposition. Factors like unhealthy diets, lack of physical activity, and environments promoting processed food consumption, along with limited promotion of physical activity, are key contributors to its development. These social determinants, such as psychosocial conditions and, especially, income inequality, which have been linked to a higher prevalence of obesity, particularly in urban contexts and among women, play a significant role. While obesity affects people of all ages, it presents unique challenges for women, as it is closely linked to hormonal and social factors, making it more difficult for women to maintain a

healthy weight (World Health Organization [WHO], 2024) (NHLBI, 2022) (Phelps et al., 2024) (Tumas et al., 2022). Obesity in women has particular implications due to hormonal, social, and cultural factors that influence eating habits and physical activity levels. Over their lifetimes, women experience significant hormonal changes, such as those related to menstruation, pregnancy, and menopause, which affect fat distribution and increase susceptibility to obesity (NHLBI & NIH, 2022) (McKenzie et al., 2024). Additionally, women, especially those from economically and socially vulnerable backgrounds, face greater barriers to accessing healthy food and exercise opportunities, contributing to the higher prevalence of obesity in this group. Maternal obesity is associated with an increased risk of complications during pregnancy, highlighting the need for preventive strategies, particularly in cases of pre-pregnancy obesity, which increases the likelihood of developing metabolic complications during pregnancy (NHLBI, 2022) (WHO, 2022).

Globally, women have a higher prevalence of obesity (40%) compared to men (35%), especially in low- and middle-income countries, where social and economic inequalities exacerbate the issue (NHLBI & NIH, 2022). In Mexico, the increase in pre-pregnancy overweight and obesity in women of reproductive age has become a public health problem with significant consequences for maternal and infant health. Pre-pregnancy obesity, defined as a BMI greater than 30 kg/m² before pregnancy, is a key factor in the development of hyperglycemia during pregnancy, emphasizing the importance of early interventions to reduce risks for both the mother and the baby (Hernández-Ruiz et al., 2023).

Hormonal changes during pregnancy increase insulin resistance, which, in women with pre-pregnancy obesity, can impair glucose control and elevate the risk of gestational diabetes (International Federation of Gynecology and Obstetrics [FIGO], n.d.).

Hyperglycemia is common during pregnancy, and although it is not always diagnosed as diabetes, it can lead to complications. Hormonal changes increase insulin resistance, which, in predisposed women, such as those with pre-pregnancy obesity, can affect glucose control and increase the risk of gestational diabetes (Mohan & Egan, 2024). Despite advancements in treatment, the exact glucose levels to measure at the beginning of pregnancy are still unclear, as current tests are not always precise. Additionally, clear methods for identifying high-risk women have yet to be established. Continuous glucose monitoring could help detect the problem earlier, improving prevention and reducing the risk of gestational diabetes (Li & Sheu, 2022).

Addressing maternal nutrition, obesity, and hyperglycemia during pregnancy is essential to reduce complications for both mother and baby. Hyperglycemia, even without meeting the diagnostic criteria for gestational diabetes, can increase the risk of obstetric and metabolic complications. In the

case of gestational diabetes, it is associated with a higher risk of low birth weight or poor fetal growth, highlighting the importance of screening all pregnant women for potential glucose abnormalities. Maternal obesity affects millions of pregnancies and increases the risk of hyperglycemia, making early detection and timely interventions crucial. Raising awareness about the risks of hyperglycemia during pregnancy should be a priority in prenatal care, including proper postpartum follow-up and preconception counseling, as recommended by major health organizations (FIGO, n.d.).

Gestational Diabetes

Diabetes mellitus is a global public health issue due to its endocrine-metabolic nature. Its prevalence continues to rise, largely due to inadequate nutrition education, limited access to healthy foods, insufficient weight control, and the lack of regular medical visits. This condition is associated with disturbances in the metabolism of carbohydrates, proteins, and fats. Risk factors, such as excessive weight gain during and after pregnancy, are significant determinants in the development of gestational diabetes, exacerbating complications for both mother and child (Beltrán-Cámara et al., 2013).

Gestational diabetes is defined as hyperglycemia detected for the first time during pregnancy, without meeting the diagnostic criteria for overt diabetes. Its global prevalence is approximately 14%, with significant variations based on risk factors and screening strategies, and it is increasing in parallel with obesity and type 2 diabetes. This condition represents a considerable economic burden due to its complications. Between 30% and 70% of cases are diagnosed before 20 weeks of gestation, a phenomenon known as early gestational diabetes, which is associated with poorer obstetric outcomes compared to late gestational diabetes, diagnosed between 24 and 28 weeks of gestation. Early diagnosis and treatment are beneficial, highlighting the need for a life-course precision medicine approach. Additionally, lifestyle interventions, when initiated postpartum, could have a significant long-term impact on the health of women with a history of gestational diabetes, preventing the development of type 2 diabetes and cardiovascular diseases, as well as reducing the risk of obesity and type 2 diabetes in their children. (Smith y Jones, 2024)

Nutritional interventions for women who have had gestational diabetes are crucial in preventing type 2 diabetes. Adopting healthy dietary patterns, including foods such as whole grains, fish, olive oil, fruits, vegetables, and omega-3 fatty acids, helps improve glucose regulation and insulin sensitivity. Additionally, it is recommended to reduce the consumption of red meat and sugary beverages.

While some foods, like tubers, do not have a clear link to the risk of gestational diabetes, maintaining a balanced diet remains essential (Willett et al., 2019).

Exposure to hyperglycemia during pregnancy can cause lasting changes in maternal metabolism, maintaining an elevated risk of glucose intolerance and progression to type 2 diabetes. These consequences not only affect the mother's health but also her family environment and potential future pregnancies.

Gestational Diabetes and the Risk of Progression to Type 2 Diabetes

Women with a history of gestational diabetes have a significantly higher risk of developing type 2 diabetes compared to those who have had a normoglycemic pregnancy (Vounzoulaki et al., 2020). This underscores the urgent need for preventive care for mothers who have had gestational diabetes. Interventions addressing metabolic and behavioral factors are essential to prevent the onset of type 2 diabetes, even years after delivery. However, definitive metrics, are still lacking, and there are few meta-analyses evaluating the incidence rate of type 2 diabetes in women with a history of gestational diabetes (Li et al., 2020).

In this context, it is crucial to address factors such as physical activity and the adoption of healthy eating habits under the guidance of a healthcare professional, especially from the field of nutrition. Additionally, periodic preventive exams in the years following childbirth are essential for early detection of type 2 diabetes development (American Diabetes Association Professional Practice Committee, 2025).

Access to healthcare during postpartum period plays a key role in the early detection of type 2 diabetes. The later the diagnosis and treatment of this condition, the greater the impact on the patient's quality of life. However, if basic diagnostics, such as blood glucose measurement, are available, diabetes can be detected and treated earlier, reducing the risk of cardiovascular complications, eye, kidney, and foot damage associated with type 2 diabetes (Wong et al., 2022).

Historically, type 2 diabetes was primarily diagnosed in adults, but today there is an increasing diagnosis among the pediatric population (Pan American Health Organization, n.d.). In this context, it is essential for children of women with pregestational diabetes, gestational diabetes, and hypoglycemia to receive proper growth and development monitoring, allowing for timely identification of any issues. Moreover, education about healthy eating habits and physical activity will play a vital role in their development, as this early stage is key to reducing the risk of developing type 2 diabetes later in life.

Social determinants of health play a key role in the prevention and management of diabetes, particularly among women who have experienced or currently live with gestational or type 2 diabetes. When timely intervention is lacking, health complications can persist for both the mother and child, ultimately increasing the burden on healthcare systems. Addressing the social context in healthcare strategies is essential to effectively combat this disease (Seiglie et al., 2021; American Diabetes Association Professional Practice Committee, 2025).

Addressing this issue requires a holistic approach that involves policy, the healthcare system, and healthcare professionals. Personalized care that takes into account the unique life context of individuals with diabetes is necessary throughout their entire lifecycle. In this regard, education and self-management support services are fundamental. These services should focus on informing and empowering individuals—especially pregnant women—to prevent gestational diabetes and its long-term complications. Additionally, ensuring smooth transitions from obstetric care to primary care is crucial for guaranteeing continuous care for both mother and child during the postpartum period (American Diabetes Association Professional Practice Committee, 2025).

Despite progress in the field, current recommendations still focus primarily on managing gestational diabetes during pregnancy, mainly through blood glucose control and prioritizing care during pregnancy and the immediate postpartum period. One area that warrants more attention is breastfeeding support. Breastfeeding not only strengthens the maternal-child bond but also provides significant metabolic benefits. For mothers with a history of gestational diabetes or obesity, it lowers the risk of developing type 2 diabetes and supports postpartum weight recovery. For infants, breastfeeding reduces the risk of childhood obesity and type 2 diabetes later in life (González-Castell et al., 2024). However, in Mexico, only 33.6% of newborns receive exclusive breastfeeding during the first six months, highlighting the need to improve education and support for mothers, especially those in high-risk groups (González-Castell et al., 2023).

It is vital for the healthcare system to have the resources, training, and infrastructure necessary to provide adequate postpartum care, particularly for women in vulnerable situations. This is especially important for women from indigenous Mexican ethnicities, who experience higher levels of food insecurity and face greater challenges in accessing healthcare and addressing their needs, not only in health but across multiple social aspects (American Diabetes Association Professional Practice Committee, 2025). While we take pride in celebrating the legacies of indigenous peoples, such as their pyramids and archaeological remains, it is equally important not to overlook the ongoing health needs of these living communities. These disparities emphasize the necessity of integrating social determinants of health into the development of strategies aimed at preventing

and treating obesity, with a particular focus on tailoring these strategies to meet the needs of women.

Technology and Strategies to Improve Postpartum Monitoring

The implementation of strategies to address healthcare throughout the life cycle is crucial, particularly during the postpartum period,, which involves both the mother and the newborn. This critical period requires not only medical and psychological support but also proper nutrition, which plays a fundamental role in the mother's recovery and the baby's well-being. Adequate nutrition during the postpartum stage is essential for preventing chronic conditions like type 2 diabetes in the mother and promoting the baby's health. However, more than three out of ten women and babies do not receive adequate postnatal care in the first few days after birth, a period when most maternal and infant deaths occur (World Health Organization [WHO], 2022). Timely and effective monitoring during this stage is essential to improve the quality of life for both and prevent long-term complications.

Proper nutritional monitoring and glycemic control are crucial role in the recovery of mothers' health after childbirth, helping to reduce the risk of developing chronic diseases like type 2 diabetes. An appropriate nutritional strategy is key to postpartum weight loss and the prevention of future complications (Revista de Diabetes, 2025).

opportunity to enhance postpartum care. The rapid expansion of telehealth and mobile technologies, especially after the COVID-19 pandemic, has opened new doors to reach women who might otherwise lack access to timely follow-up. Through virtual consultations, glucose monitoring apps, and digital support platforms, healthcare professionals can maintain communication and provide personalized guidance to new mothers. These tools not only improve care continuity but also empower women to take an active role in their recovery and diabetes prevention. Remote strategies help close existing gaps, particularly for those living in underserved or rural areas, ensuring that both mother and child receive the attention they need during this crucial period. However, there are limitations, such as social determinants of health, which can prevent a woman from dedicating the necessary time to her postpartum healthcare. Additionally, public policies often fail to facilitate women's access to baby care, nor is there enough information available to promote breastfeeding, postpartum care, and follow-up (Arias et al., 2022).

During the postpartum period, the mother may not feel fully prepared, as the new responsibilities of motherhood, such as caring for the baby and emotional

adjustment, do not always align with the healthcare system, which sometimes does not offer the necessary support at the right time. However, postpartum monitoring can be essential to support the mother's self-care, reduce symptoms of depression, extend breastfeeding duration, decrease anxiety, improve urinary incontinence control, provide contraceptive options, and balance mood changes. Furthermore, efforts in remote postpartum monitoring can enrich in-person visits for the mother's checkups, helping to reduce risks for developing conditions such as diabetes mellitus, hypertension, and insulin resistance (He et al., 2024).

In addition to supporting recovery and chronic disease prevention, remote healthcare strategies have shown great potential in promoting breastfeeding—a fundamental component of infant nutrition and maternal health. Although exclusive breastfeeding is recommended for the first six months of life, many mothers discontinue earlier due to lack of access to specialized support. Telehealth services, which allow real-time communication with healthcare professionals, have proven to be an effective and practical strategy to encourage breastfeeding, extend its duration, and reduce early weaning. Moreover, this method is generally well accepted by mothers, who often report high levels of satisfaction with the support received remotely (Hubschman-Shahar, 2022).

mHealth has been shown to offer significant advantages, as it reduces costs while allowing healthcare professionals to provide personalized follow-up to their patients. A study demonstrated that pregnant women use their smartphones to search for information about childbirth and share experiences with other women via social media. Additionally, mHealth enables the use of health apps focused on the postpartum period and the prevention and treatment of gestational diabetes (GDM). Women diagnosed with GDM face challenges that can be addressed using mHealth (Edwards et al., 2021).

Therefore, we emphasize the need to intensify efforts to address social health determinants and public policies, ensuring that both maternal and infant health remain optimal by leveraging technology, applications, virtual meetings, calls, scheduling visits, and using postpartum follow-up as an opportunity to improve both the current and future health of the mother and child (Wang et al., 2022).

Conclusion

In conclusion, postpartum follow-up for women with obesity and gestational diabetes remains a critical yet often neglected aspect of maternal healthcare. The intersection of obesity, hyperglycemia during pregnancy, and the heightened risk of progressing to type 2 diabetes necessitates a multifaceted approach to care. Key strategies, such as proper nutrition, early intervention, and the use of digital platforms for continuous monitoring, are essential for mitigating long-term

health risks for both the mother and child. Emerging technologies offer significant promise in overcoming barriers to timely and effective follow-up care, while addressing the social determinants that disproportionately impact vulnerable populations, especially in countries like Mexico. It is crucial that healthcare systems evolve to offer personalized, continuous, and accessible care throughout the entire maternal lifecycle, from pregnancy to postpartum, to ensure the long-term health and well-being of both mother and child.

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Retos en el seguimiento posparto de mujeres con obesidad y diabetes gestacional

Desafios no acompanhamento pós-parto de mulheres com obesidade e diabetes gestacional

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Resumen

Este capítulo explora los retos del seguimiento posparto en mujeres con obesidad y diabetes gestacional, haciendo hincapié en su impacto sobre la salud materna y neonatal. La obesidad y la hiperglucemia durante el embarazo aumentan el riesgo de diabetes gestacional, lo que a su vez eleva la probabilidad de desarrollar diabetes tipo 2 en el posparto. El capítulo destaca la importancia de la monitorización continua y el uso de tecnologías como plataformas digitales y aplicaciones móviles para mejorar la

detección precoz y la intervención oportuna. El posparto se identifica como un perior crítico para la implementación de estrategias preventivas, donde la vigilancia y la nutrición juegan un papel clave en la reducción de riesgos y la promoción de la salud a largo plazo en la díada madre-hijo.

Palabras clave: Maternal obesity; Gestational diabetes; Hyperglycemia; Type 2 diabetes; Digital monitoring.

Resumo

Este capítulo explora os desafios do acompanhamento pós-parto de mulheres com obesidade e diabetes gestacional, enfatizando seu impacto na saúde materna e neonatal. A obesidade e a hiperglicemia durante a gravidez aumentam o risco de diabetes gestacional, o que, por sua vez, aumenta a probabilidade de desenvolver diabetes tipo 2 no pós-parto. O capítulo destaca a importância do monitoramento contínuo e do uso de tecnologias, como plataformas digitais e aplicativos móveis, para melhorar a detecção precoce e a intervenção oportuna. O pós-parto é identificado como um período crítico para a implementação de estratégias preventivas, em que a vigilância e a nutrição desempenham um papel fundamental na redução dos riscos e na promoção da saúde a longo prazo na díade mãe-filho.

Palavras-chave: Obesidade materna; diabetes gestacional; hiperglicemia; diabetes tipo 2; monitoramento digital.