

SWEET SERVICE

New post-partum gestational diabetes service at NUH supports mums beyond delivery

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DR ENG PEI CHIA, a consultant at NUH's division of endocrinology



Dr Eng Pei Chia (centre) leads National University Hospital's post-partum gestational diabetes service for mothers like Madam Cheryl Goh (left) and Mrs Nur'Huda Kamsani. ST PHOTO: LUTHER LAU



Amrita Kaur

When Madam Cheryl Goh became pregnant with her second child in 2024, she assumed it would unfold much like her first pregnancy five years earlier.

Back then, she had breezed through the oral glucose tolerance test, which measures how the body processes sugar, "with flying colours".

So, when she found out at week 26 of her pregnancy that she had exceeded the threshold for gestational diabetes, she was in disbelief.

"I was so sure I'd be all right," says the 40-year-old bank executive. "I thought it had to be an error."

She insisted on doing a second glucose test a week later. She spent those seven days trying to "eat clean" by cutting sugary drinks and desserts. But the repeat test showed even worse numbers.

"That was when reality hit," says Madam Goh, whose two children are six years old and 16 months old.

Looking back, she believes her diet and age likely played a role. She has always had a sweet tooth and enjoys bubble tea, fruit juices, ice cream and carb-heavy meals.

During the pregnancy, morning sickness pushed her towards even more sweet foods because they were the only things that made

her feel better.

After her diagnosis, she found comfort in the common reassurance she heard from her parents and friends: It will go away after you deliver.

But after giving birth at National University Hospital (NUH) in July 2024 and completing her six-week post-partum oral glucose tolerance test, Madam Goh received another shock. The results were "really high".

"I expected things to go back to normal, but that was when I knew that I had to take action for my health," she says.

WHY CARE IS NEEDED EVEN AFTER BIRTH

Madam Goh is among the nearly 400 women who are part of NUH's new post-partum gestational diabetes service, which monitors and supports mothers after delivery. According to NUH, it is the first service of its kind in Singapore, designed to look after mothers from diagnosis to the post-partum years.

Dr Eng Pei Chia, a consultant at NUH's division of endocrinology, says traditional care models for women with gestational diabetes are pregnancy-centric.

"Once the baby is born, mothers are discharged with general advice to follow up with a GP or polyclinic if needed. This often leads to the misconception that gestational diabetes resolves after delivery, resulting in missed postnatal diabetes checks at six to 12 weeks," says Dr Eng, who leads the new service at NUH.

The condition affects one in six pregnancies worldwide, and in Singapore, the rate is higher, with one in five pregnant women affected.

Dr Eng says several factors may explain why more women here are diagnosed with the condition: older maternal age (35 and above), being Asian and the country's universal screening policy.

Because Singapore screens pregnant women for gestational diabetes, more cases are detected compared with countries like Britain, which uses a risk-based approach and screens only women with factors such as a family history of diabetes.

Women with gestational diabetes have a roughly tenfold higher risk of developing Type 2 diabetes. Around half will develop the condition within five to 10 years after delivery, with the highest risk occurring in the first three to five years, notes Dr Eng.

Other health risks include cardiovascular disease and fatty liver, even in women who do not develop diabetes. This is why early detection and lifestyle changes are crucial, she adds.

TACKLING THE 'POST-PARTUM CLIFF'

Dr Eng says several studies were conducted between 2020 and 2023 at NUH to examine the care of women with gestational diabetes after delivery.

"While women received excellent care during pregnancy, follow-up often ceased immediately after childbirth – precisely when the

risk of persistent dysglycaemia (abnormal blood glucose levels) and future Type 2 diabetes begins," says Dr Eng.

The team found that at least 40 per cent of women at NUH did not return for a post-partum diabetes status check. Many experienced persistent pre-diabetes (higher than normal blood sugar level) and significant weight retention in the first year after giving birth.

Among those who returned for follow-up, many did not come back for subsequent reviews.

"Mothers shared that juggling infantcare, breastfeeding and their health was overwhelming. These clinical and practical gaps led us to launch a dedicated, structured post-partum gestational diabetes service in October 2023 to address what we call the 'post-partum cliff'," says Dr Eng.

Since its launch in October 2023, nearly 400 women have enrolled in the service.

About 40 per cent continued to experience poor blood sugar control after delivery. Around 10 per cent have shown improvement in their sugar levels over the past two years, notes Dr Eng.

The service is delivered by a multidisciplinary team including obstetricians and gynaecologists, endocrinologists and diabetes specialist nurse educators.

Under the service, women with gestational diabetes who had delivered at NUH will be seen by the obstetrician and gynaecologist at six to eight weeks post-delivery for their routine postnatal care.

In the same visit, they will be offered screening for their dia-

betes status and given a follow-up appointment to review the results at the post-partum gestational diabetes clinic.

At the endocrine clinic, patients will receive guidance on their diabetes risk, diet and nutrition advice, and those who are at low risk of developing diabetes in the future will be discharged to National University Polyclinics for follow-up care in the community.

High-risk patients will be managed at NUH for at least three years post-delivery.

After failing her glucose test at six weeks post-partum, Madam Goh was scheduled for a consultation with Dr Eng, followed by a call with a dietitian.

"When I saw my results, I panicked. I thought, am I diabetic now?" Madam Goh recalls.

"But Dr Eng was so reassuring. She explained that my body was still adjusting after delivery, and that there were things I could do to improve my readings."

For Madam Goh, it meant relearning how to eat.

She initially swung to the other extreme by cutting out carbs entirely. But the dietitian urged her to find balance instead: eat controlled portions, pair meals with short walks and build strength through activities such as yoga, swimming or carrying light weights.

"It was very helpful," she says. "I realised I didn't need to eliminate rice or noodles. I needed to just control my portions and move more."

Her blood sugar levels improved slowly.

At her three-month post-partum

check, levels were still high. At six months, they finally returned to the normal range. She has another follow-up in 2026.

FATIGUE FROM BREASTFEEDING ANOTHER FACTOR

Dr Eng says high blood glucose after pregnancy is not always due to just pregnancy.

Mothers with gestational diabetes may have underlying pancreatic issues that affect insulin production. For some, this condition may worsen after pregnancy.

In addition, postnatal challenges such as sleep deprivation, stress, irregular meals and fatigue from breastfeeding can exacerbate blood sugar issues.

Mrs Nur'Huda Kamsani had gestational diabetes during all three of her pregnancies in 2020, 2023 and 2025.

"I was worried because I didn't know how to manage it," says the 31-year-old administrative assistant, whose three children are now aged five, two and six months old.

"But with the help of the doctors and dietitians, I learnt what to do and how to eat properly."

With a strong family history of diabetes – her mother and both grandmothers have the condition – she knew she was at higher risk.

Because of her desk-bound job, Mrs Nur'Huda was mostly sedentary during her first two pregnancies. But by her third, she was more active as she had to keep up with her two young children.

CONTINUED on C2

Post-partum check-ups ‘life-changing’ for mums

FROM C1

Throughout each pregnancy, she tested her blood sugar levels using a blood glucose meter four times a day – after every meal and before bedtime – and sent her readings to her doctor at NUH.

“I also saw a dietitian who advised me to cut down on rice and sugary drinks, as well as eat more vegetables and protein,” she says.

Her efforts worked for her first two pregnancies, but her third proved more challenging. “Even with all the advice, my sugar levels were still high,” she says.

As part of NUH’s post-partum gestational diabetes service, Mrs Nur’Huda has been going back for check-ups every three to four months after she delivered her third child. Her next follow-up check is in January.

“The appointments help, because as mothers, we tend to forget to care for ourselves.”

Her biggest change has been cutting down drastically on sweet drinks.

“Before pregnancy, I could finish two 1.5-litre bottles of green tea a week. Now, I allow myself only one or two bottles a month. My husband and mother always remind me to drink more plain water,” she says.

Even now, six months after giving birth to her third child, she continues to be mindful of her health. She walks on her treadmill for at least 10 minutes a day and checks her sugar levels weekly.

“It’s under control. Checking it on my own puts my mind at ease, knowing my sugar levels are okay,” she says.

And Madam Goh monitors her sugar levels occasionally using a blood glucose meter – especially after a sweet treat – to make sure she stays on track.

She hopes more mothers understand that gestational diabetes does not always disappear after childbirth, and that Singapore’s carb-heavy, dessert-loving food culture can make things hard for women trying to manage it.

Madam Goh adds she is grateful NUH stayed with her through the months-long recovery, instead of packing her off once she delivered.

“It’s life-changing for mothers. If you don’t get checked after delivery, you could go years without knowing you’re at risk,” she says.



(From left) Madam Goh and Mrs Nur’Huda with Dr Eng, a consultant at NUH’s division of endocrinology. The hospital’s new post-partum gestational diabetes service is the first of its kind in Singapore. ST PHOTO: LUTHER LAU