The aim of this study was to examine the impact of a web-based telemedicine system for monitoring glucose control in pregnant women with diabetes on health care visits, metabolic control and pregnancy outcomes.

A prospective, single-center, and interventional study with two parallel groups. Women were assigned to 2 different glucose monitoring groups: control group (CG) that was managed only by follow-ups with the Gestational Diabetes Unit (GDU) and telemedicine group (TMG) that was monitored both by more spaced GDU visits and a web-based telemedicine system. The number of health care visits, degree of metabolic control and maternal and neonatal outcomes were evaluated.

### RESULTS

104 pregnant women with diabetes (77 with gestational diabetes, 16 with type 1 diabetes and 11 with type 2 diabetes) were included in the TMG (n = 40) or in the CG (n = 64). There were no significant differences in mean HbA1c level during pregnancy or after delivery, despite significantly lower number of visits to the GDU (3.2 ± 2.3 vs 5.9 ± 2.3 visits, p <0.001), nurse educator (1.7 ± 1.3 vs 3.0 ± 1.7 visits, p <0.001), and general practitioner (3.7 ± 2.0 vs 4.9 ± 2.8 visits, p <0.034) in the TMG. There were no significant differences between groups in maternal or neonatal outcomes.

### CONCLUSIONS

Web-based telemedicine system can be a useful tool facilitating the management of pregnant diabetic patients, as a complement to conventional outpatient clinic visits, especially in cases with difficulties to access the medical centre, and could contribute to reduce the outpatient visits.

### References

Text