

Supplementary Material

Endocrinologists/Diabetologists

Table S1: Additional Endocrinologist/Diabetologist-Reported SMBG Schedules for Lifestyle-Managed GDM

| Other (please specify) | Count |
|---|-------|
| 2 readings (pre and post) per day | 1 |
| Alternate day, 4 points one Fasting and 3 post meal | 1 |
| Daily minimum 2 reading | 1 |
| FBG & 1 Post meal alternate days | 1 |
| Fbs and 1 hr post each meal | 1 |
| One blood sugar each day out of FPG and three PP | 1 |
| Twice a week FBG & PPG | 1 |
| Two times per day, paired pre-meal and post-meal testing, at different times of the day | 1 |
| Total | 8 |

Table S2: Additional Endocrinologist/Diabetologist-Reported SMBG Schedules for GDM Patients on Insulin or Oral Antidiabetic Drugs

| Other (please specify) | Count |
|--|-------|
| 4 times 1-4 days/week depending on glycemic status | 1 |
| 6 time a day | 1 |
| As high as 6 times a day in patients on MDI therapy | 1 |
| Depends on patient profile | 1 |
| Every month fasting and pp | 1 |
| Fasting and Paired testing | 1 |
| Fasting and three post prandial, two days a week | 1 |
| FBG & 3 PP Values every 3 days | 1 |
| Fbs and 1 hr post each meal | 1 |
| Four times (Daily or alternate depending on the patient type) | 1 |
| Mostly paired testing, more frequently in patients with poor control | 1 |
| One fasting blood glucose (FBG) and three postprandial values at least once a week | 1 |
| Total | 12 |

Table S3: Additional Endocrinologist/Diabetologist-Reported Challenges in SMBG for GDM Management

| Other (please specify) | Count |
|--|--------------|
| Cost associated with blood glucose monitoring devices and strips | 27 |
| Did not specify anything | 5 |
| Total | 32 |

Table S4: Endocrinologist/Diabetologist-Reported Postpartum Glucose Monitoring Practices After GDM

| Recommendation | Count |
|---|--------------|
| Incomplete/inconclusive/no response | 69 |
| individualized follow-up | 65 |
| 6 weeks postpartum | 34 |
| need to check patient | 10 |
| Once a week | 11 |
| Yearly monitoring | 3 |
| Three monthly | 7 |
| 1 month | 6 |
| Lifestyle modifications, rest, medicines | 13 |
| 6-12 weeks postpartum | 4 |
| 6–12 weeks after delivery, then every 1–3 years if normal. | 2 |
| 1 fasting 3 post meal / week | 1 |
| 1month follow by 6months once | 1 |
| 2 times out of 5 | 1 |
| 2 weekly visit | 1 |
| 4 times | 1 |
| 4 times a week | 1 |
| 6 months interval or frequently if family history of diabetes and overweight | 1 |
| 6–12 weeks postpartum If normal, every 3 years if impaired fasting glucose or elevated 2-hour glucose, annually | 10 |
| 7 times a day atleast one week..2 times compulsory daily | 1 |
| 75 g OGTT or HBA1C after 6 weeks | 1 |
| OGTT 4 to 6 weeks after their delivery date | 8 |
| Alternate fasting and Post for some time | 1 |
| At 6 -7 week OGTT or FBG & PPG | 1 |
| At 6 week OGTT Or every 6 to 12 month FPG & HBA1c | 1 |
| At least 4 tests in every week. | 1 |
| Atleast once in two week (FBG & PPG) | 1 |
| Blood Serum along with 1 Fasting & 1 PP in a month | 1 |

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| Check up on Blood glucose after one week and follow up till six months | 1 |
| checks Patient blood sugar after delivery and again in 6 to 12 weeks | 8 |
| Depend upon different patient types .Generally 2 test per week. | 1 |
| Do one fasting and PP if normal no further testing for next 6 weeks | 1 |
| Fasting and PPBS once in first month then after 3 months accompanied by an hba1c | 1 |
| Fasting and post prandial 2 hrs | 1 |
| First at 6weeks and 12 weeks , if normal then annual ly | 1 |
| First monitoring at 6 weeks followed by twice a year | 1 |
| For patients with a history of gestational diabetes mellitus (GDM), postpartum blood glucose monitoring is typically recommended at 4-12 weeks after delivery. | 1 |
| GDM patient to be checked fasting and PP after 6 to 8 weeks postpartum and then every three months with HBA1c | 1 |
| OGTT at 6-12 weeks postpartum. If the results are normal, further monitoring is recommended every 1-3 years | 1 |
| If HbA1c is normal postpartum then , follow every 3 months ,with some smbg reading | 1 |
| If postpartum 6 weeks OGTT is in prediabetes is higher then every week otherwise once in 3 month | 1 |
| If postpartum BG is normal then OGTT after 4 weeks and if hyperglycemia persists then SMBG frequency depends on the level of hyperglycemia | 1 |
| If the initial OGTT is normal, the ADA and ACOG recommend ongoing glucose monitoring every 1 to 3 years to monitor for the development of type 2 diabetes. | 1 |
| After 6 weeks, and every 6 months if normal. If sugars are high at any point, then treat as Type2 diabetes. | 1 |
| Immediate postpartum, followed by quarterly monitoring | 1 |
| monitoring is a one-time screening at 4 to 12 weeks postpartum | 1 |
| OGTT at 6 and 12 weeks and then yearly FBS, PPBS HbA1C | 1 |
| Once in 2 months | 1 |
| Once in 6months | 1 |
| once in a 2months. | 1 |
| One-time screening should be performed at 24 weeks of gestation or after. | 4 |
| OGTT at 4 to 12 weeks post partum, (2) discussion of lifestyle and pharmacologic interventions to prevent diabetes development | 9 |
| Periodically every 15 days | 1 |
| Pre meal values, for initial two days of hospitalization, if that is normal, FBS, PPBS & HbA1c at 6 weeks to 12 weeks.. | 1 |
| Repeat at least 6 months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test | 1 |
| Screen at least every 3 years for a minimum of 10 years after pregnancy | 1 |
| Should atleast do HbA1c every 3 months for a year and then yearly. | 1 |
| SMBG for a week followed by lab results after 3 weeks | 1 |
| Smbg once daily | 1 |
| Three months postpartum and yearly thereafter, if normal at three months | 1 |
| within 6 months | 1 |

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| Twice in month | 1 |
| Weekly once FBS,PPBS for 3 months | 1 |
| You should have a blood test to check for diabetes 6 to 13 weeks after giving birth | 1 |
| Total | 311 |

Gynecologists

Table S5: Additional SMBG Frequency Schedules Suggested by Gynecologists for Lifestyle-Only GDM

| Other (Please Specify) | Count |
|---|-------|
| 6 times daily, 3 pre meal and 3 post meal values | 1 |
| Alternate day PP and fasting | 1 |
| Alternative day PP and fasting | 1 |
| As directed by diabetologist | 1 |
| Check HbA1c monthly | 1 |
| depends | 1 |
| depends on diet, test results and other medicines | 1 |
| Depends on patient condition | 1 |
| Depends on patient to patient | 1 |
| Depends on the patient condition | 1 |
| Depends on the patients condition | 1 |
| I do not recommend SMBG at home | 1 |
| I do not recommend self monitoring in all cases | 1 |
| I provide the chart | 1 |
| I try not to recommend self monitoring | 1 |
| if the sugar is in borderline, then weekly, but if control is poor then HbA1c is done monthly | 1 |
| It is not same for all, can't choose anyone | 1 |
| monthly | 2 |
| Monthly, it depends on patients condition, other co-morbidities | 1 |
| No SMBG is recommended, I call for follow up visit monthly | 1 |
| once in a month, varies patient to patient | 1 |
| One Fasting Blood Glucose (FBG) and three postprandial readings at least twice a week | 1 |
| One Fasting Blood Glucose once a month | 1 |
| Postprandial 3 times a week | 1 |
| Twice a week at least ,1 fasting and 3 pp readings | 1 |
| Twice everyday | 1 |
| Varies patient to patient and control | 1 |
| we refer to endocrinologist | 1 |
| Weekly after 36 weeks before that 2 week once | 1 |
| Total | 30 |

Table S6: Additional SMBG Frequency Schedules Suggested by Gynecologists for Insulin- or OAD-Treated GDM

| Other (Please Specify) | Count |
|--|--------------|
| 4 readings every third day in controlled patient | 1 |
| 7 times a day | 1 |
| 7 times, 3 pre meal 3 post meal and 1 during bedtime | 1 |
| alternate day pattern depending on patient convenience | 1 |
| as directed by diabetologist | 1 |
| As per diabetologist | 1 |
| BD, one before breakfast and one before dinner. If insulin is 3 times, then thrice before meal | 1 |
| Daily not feasible once it is controlled, varies patient to patient, depending on dosage | 1 |
| Depends | 2 |
| Depends on the patient condition | 1 |
| FBS and PPBS weekly after 36 weeks before that 2 weeks once | 1 |
| Follow what is Recommended by Endocrinologist or Diabetologist | 1 |
| I do not recommend SMBG at home | 1 |
| I refer to diabetologist | 1 |
| i refer to diabetologist and ask the patient to go by his prescription | 1 |
| no recommendation | 1 |
| once a week | 1 |
| Once in 15 day pp1 and pp2 | 1 |
| Once in 15 Days | 1 |
| One FBG & One Postprandial in every 3 days | 1 |
| pre and post meal check daily | 1 |
| thrice everyday | 1 |
| Twice Postprandial per day | 1 |
| we refer to endocrinologist | 1 |
| Weekly | 1 |
| Weekly is enough | 1 |
| Weekly SMBG | 1 |
| Weekly twice pre and post | 1 |
| Total | 29 |

Table S7: Additional Gynecologist-Reported Challenges in Implementing SMBG Among GDM Patients

| Other (Please Specify) | Count |
|---|--------------|
| All | 1 |
| All of above | 1 |
| All of the above | 1 |
| all of the options mostly | 1 |
| All the above | 2 |
| All, they are much involved | 1 |
| None | 7 |
| None, I educate them and tell them the consequences of not doing it | 1 |

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|---|----|
| Patients maintain SMBG frequency | 1 |
| varies from patient to patient | 1 |
| varies patient to patient | 1 |
| venous and capillary blood glucose levels are not exactly the same. | 1 |
| Total | 19 |

Table S8: Postpartum Glycemic Monitoring Practices Recommended by Gynecologists After GDM

| Recommendation | Number of Respondents (n) |
|---|----------------------------------|
| OGTT at 6–12 weeks postpartum | 116 |
| HbA1c every 6 months | 42 |
| OGTT at 6 weeks | 18 |
| HbA1c every 3 months | 8 |
| Non-specific testing at 6 weeks postpartum | 8 |
| Combination: OGTT at 6–12 weeks + HbA1c every 6 months | 7 |
| Inconclusive / unclear response | 5 |
| Patient-tailored approach | 4 |
| Referral to endocrinologist/diabetologist | 3 |
| Yearly testing | 3 |
| OGTT at 6 weeks + HbA1c annually | 3 |
| Once a week initially | 2 |
| Single 12-week test | 1 |
| OGTT after 1.5 months postpartum | 1 |
| OGTT at 12 weeks | 1 |
| OGTT at 16–20 weeks | 1 |
| OGTT within 6 months | 1 |
| OGTT at 6–12 weeks + annual monitoring | 1 |
| OGTT at 6–12 weeks + refer to endocrinologist | 1 |
| OGTT at 6–12 weeks + HbA1c every 6 months + annual screening | 1 |
| OGTT at 6 weeks + HbA1c as per control | 1 |
| OGTT & HbA1c at 6 weeks | 1 |
| OGTT at 12 weeks + HbA1c later as per findings | 1 |
| HbA1c every 3 months initially, then every 6 months | 1 |
| HbA1c every 3 months initially, then yearly | 1 |
| HbA1c monthly | 1 |
| HbA1c at first visit, then PP weekly if elevated | 1 |
| HbA1c at 6 weeks, then individualized | 1 |
| Fasting & postprandial glucose within 24 h post-delivery, then weekly if normal | 1 |
| Fasting & postprandial glucose every 4 h post-delivery, then 6-month follow-up | 1 |
| Fasting & postprandial glucose at 12 weeks | 1 |
| Fasting & postprandial glucose at 40–42 days postpartum | 1 |
| Fasting blood glucose after 10 days postpartum | 1 |
| Fasting & postprandial glucose after 48 hours | 1 |
| Fasting & postprandial glucose monthly or fortnightly (based on | 1 |

| | |
|---|-----|
| control) | |
| Fasting blood glucose and postprandial at 1 week postpartum | 1 |
| Fasting blood glucose and postprandial at postpartum day 4 | 1 |
| FBS & PP before discharge and at 6 weeks | 1 |
| FBS, PP, HbA1c at 6 weeks postpartum | 1 |
| FBS and PPBS at 6-month intervals | 1 |
| FBS and PPBS post 6 weeks + SMBG | 1 |
| FBS & OGTT early postpartum, then repeat later | 1 |
| SMBG after 15 days | 1 |
| SMBG at least 3 times weekly | 1 |
| SMBG regularly | 1 |
| SMBG depending on patient control | 1 |
| SMBG + HbA1c | 1 |
| Testing every 3 months | 1 |
| Postnatal check at 6 weeks with FBG and HbA1c | 1 |
| Regular fasting and PP if poor control + HbA1c at 3 months | 1 |
| When patient follows up: fasting & PP, then annually | 1 |
| Total | 277 |