

The influence of remote monitoring on the management of gestational diabetes.

Samhani Caroline*

Department of Endocrinology, Diabetology, And Nutrition, Hospital Brabois, Vandoeuvre-lès-Nancy, France

Introduction

There socket in charge fast of diabetes gestational (DG), grace has the app My Diabby, compliance with health and diet rules, regular physical activity and the introduction of insulin treatment if necessary, is a major issue, it considerably reduces the risk of complications.

This application is a free and secure platform which stores all personal and confidential information on a health data host approved by ASP santé. Its mission is to connect diabetic patients to their usual medical team to allow them to benefit from remote monitoring (TS) in the best conditions. possible. She has summer created in 2015. It is the bigger program of telemedicine in France. This reliable tool is also effective than traditional face-to-face monitoring.

Parturient fill out an electronic blood glucose record. There is a color code to help them interpret their results. This portal offers a secure messaging system to communicate with the referring team. This allows professionals of check the attack of the goals And of decide quickly of there putting in instead of insulin treatment if necessary [1-3].

The challenges of their remote monitoring In there socket in charge of diabetes gestational

It saves professionals precious time, allows them to share data between them, relieves congestion in hospitalization and consultation services and reduces the number of unnecessary medical procedures.

It alleviates travel constraints and is also an alternative for people has mobility scaled down or who do not have of average of transportation and in the frame of the DG, this helps for high-risk pregnancies where transport must be limited [4].

It allows better coordination of data, sharing of medical documents and of power communicate between professionals. She help has a best socket in charge by access to results glycemic day laborers in time real and so has a responsiveness in the event of a need for readjustment of health and diet rules by the dietician or implementation of insulin treatment. There is better self-management by the CEO [5].

It reassures patients thanks to the messaging system accessible at all times, and by all the professionals (dieticians, nurses and doctors). This messaging box allows you to send messages of encouragement and support to patients. And the patients can

to do go of their concerns has the team. Patients would be less anxious about the diagnosis. In summary, remote monitoring aims to improve the quality of life of patients. But despite all these assets, he exist of the difficulties has this socket in charge, the study who go follow confirms this [6].

Method and material

The objective of the study east of to relate the obstacles to which the caregivers are confronted in there putting in place and the follow up of the patients suffering of DG, Thus that the difficulties patients

Inclusion and no inclusion

The inclusion criteria are all pregnant women referred to our department, with a diagnosis of GDM or follow-up for a baby weight curve that is too high without a diagnosis of DG in there period of 09 January 2023. At 14 February 2023 have summer included. They were invited to download the My Diabby application. Patients diagnosed with diabetes before pregnancy already followed by another remote monitoring application were excluded from our research. This is an observational and prospective study established from non-directive interviews in the form of discussion [7, 8].

Results and threads

The results show that he exist of many brakes met by the patients such as, precariousness due to old generation mobile phones with the inability to download the application, absence of mobile or internet network, poor digital skills, with the difficulties in to understand Or use application, interpretation erroneous messages that are impersonal, the feeling of “spying”, the lack of rapid response or the dehumanization of the “caregiver/patient” relationship [Figure 1].

Else go, of the brakes can be met by the patients, as the denial of the situation with anosognosia, meter/logbook blood glucose discordance, insufficient data or absence, barrier linguistic, discordance sociocultural And difficulties has assess insulin treatment (research on lipodystrophy) [Figure 2].

Other concerns are sometimes encountered by health professionals. This is sometimes time-consuming for the team and it's difficult to coordinate for a while with the dietitian, the doctor and the nurses. The lack of time to evaluate each notebook may be responsible of omission of messages of patients. That laid question on the distribution of tasks

*Correspondence to: Department of Endocrinology, Diabetology, And Nutrition, Hospital Brabois, Vandoeuvre-lès-Nancy, France, E-mail: C.LAROSE@chru-nancy.fr

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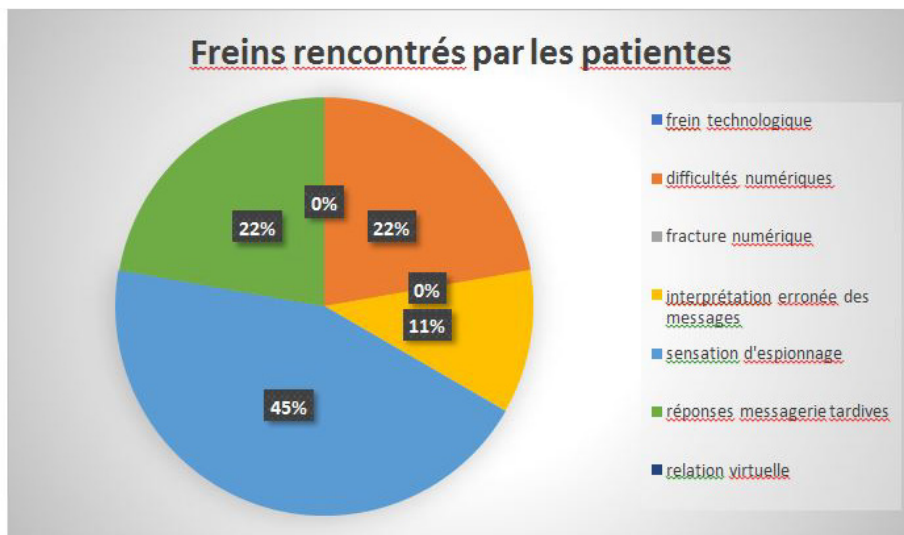


Figure 1. Freins Rencontres Par Les Patientes.

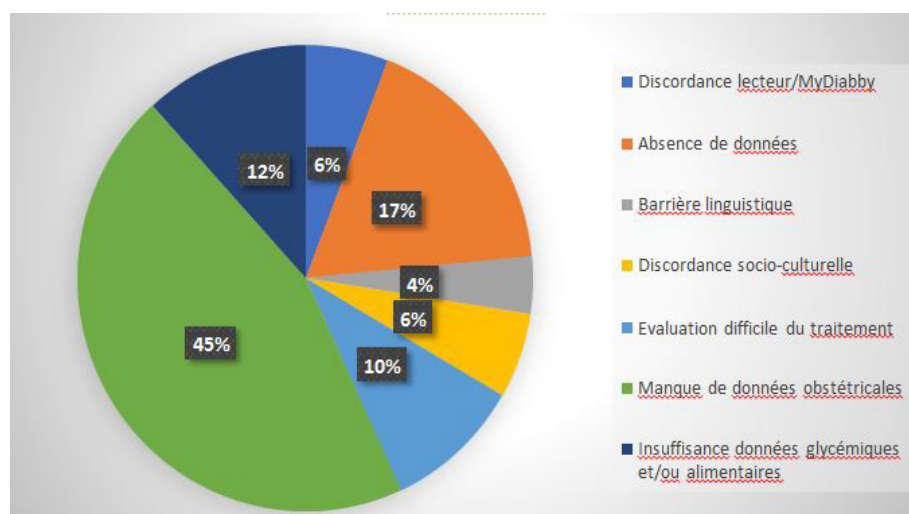


Figure 2. Freins Of The Tele Surveillance Resents On The Les Soignants.

within the team because we do not have time dedicated to the analysis of my diabby. The lack of obstetric data and contact with gynecologists and midwives is certain: the application is too not very common outside the hospital and in the intra-hospital gynecology sectors, we often lack information on the calendar obstetric of there patient and of the data by report has the child (weight). There poor communication between all the actors of there socket in charge of there women pregnant and the absence of data relating to the delivery (date, and on the weight and size of the infant) is not negligible [9,10].

Conclusion

Screens have become the major medium for relationships with the world (informing, identifying, communicating, playing, being entertained). They ask healthcare workers to be truly vigilant at all times and to adapt in their work environment. The tm was presented as there solution to problems of deserts medical and good others, but in the reality on the ground, there are still dysfunctions and obstacles to be faced by the teams and their patients. There imposed of rethink the offer of care and there place of patient like e-patient. The digital

reconfigure there relationship of care with of the interactions invisible humans the issues of the ts are big because despite the difficulties encountered, we are convinced that it will be an integral part of the medical management of chronic pathologies. The networks internet are in full expansion with there fiber optical, the connection problems of people in rural areas should be resolved soon from the 22 june 2023, a stopped frames the refund of their remote monitoring for women pregnant treated by insulin. Furthermore, for the parturient without treatment, there is still no financial support sometimes the lack of patient involvement can be due to medical information insufficient of there pathology and of the risks incurred. The caregivers must still working on the organization and on the importance of information in the right patient monitoring.

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