

REFERENCES

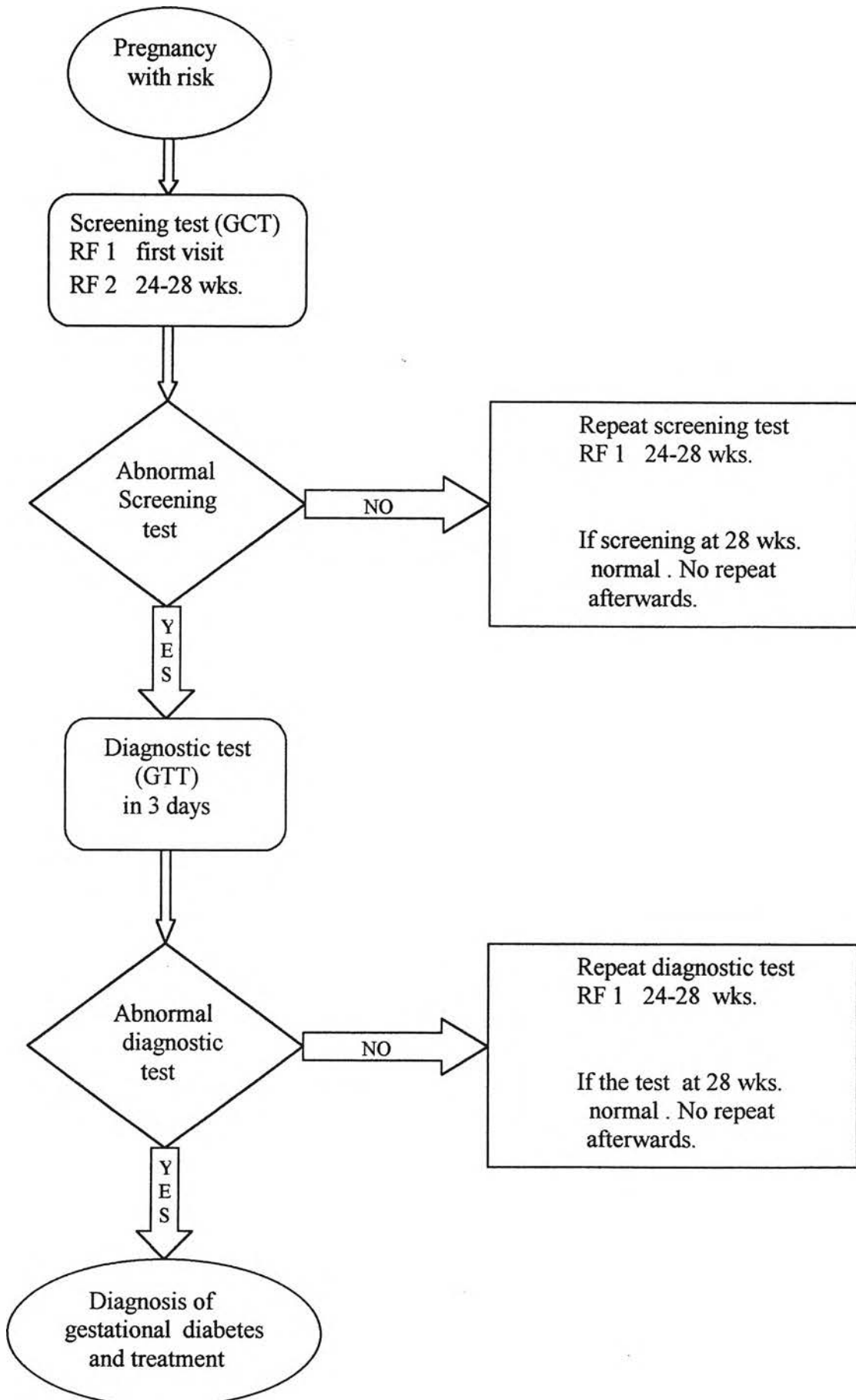
- American Hospital Association. 1978. Estimated Useful Lives of Depreciable Hospital Assets. Chicago : **American Hospital Association** : 82-86.
- American Hospital Association. 1968. Cost finding and rate setting for hospital. Chicago : **American Hospital Association** : 74-90.
- Berkus MD, Langer O. 1993 . Glucose tolerance test: degree of glucose abnormality correlates with neonatal outcome. **Obstet Gynecol** Mar; 81(3): 344-8.
- Benjamin F, Wilson SJ, Deutsch S, Seltzer VL, Droesch K, Droesch J. 1986 . Effect of advancing pregnancy on the glucose tolerance test and on the 50-g oral glucose load screening test for gestational diabetes. **Obstet Gynecol** Sep; 68(3): 362-5.
- Bhattacharya SM. 2002. Glucose screening test results in first and early third trimester of pregnancy: is there any correlation? **J Obstet Gynaecol Res** Dec; 28 (6): 304-7.
- Baron WM, Lindheimer MD. 2002 Diabetes Mellitus. St. Louise : Mosby, Inc. : 71-100.
- Cunningham FG, Macdonald PC, Leveno KJ, Gant NF, Gilstrap LC. 2001. **Endocrine disorders** . New York; Mc Graw-Hill Medical Publishing Division: 1359-81.
- Coustan DR. 1994. Screening and diagnosis of gestational diabetes. **Semin Perinatol** Oct; 18(5): 407-13.
- Catalano PM, Huston L, Amini SB, Kalhan SC. 1999. Longitudinal changes in glucose metabolism during pregnancy in obese women with normal glucose tolerance and gestational diabetes mellitus. **Am J Obstet Gynecol**; 180: 905-8.
- Gold MR, Russell LB, Siegel JE, Weinstein MC. 1996. **Cost-Effectiveness in Health and Medicine**. New York; Oxford University Press.
- Harris MI. 1988. Gestational diabetes may represent discovery of preexisting glucose intolerance. **Diabetes Care**; 11(402) : 303-7.

- Jensen DM, Damm P, Sørensen B, Molsted-Pedersen L, Westergaard JG, Ovesen P, Beck-Nielsen H. 2003. Pregnancy outcome and prepregnancy body mass index in 2459 glucose-tolerant Danish women. *Am J Obstet Gynecol* Jul; 189(1): 239-44.
- Jovanovic L, Peterson CM. 1985. Screening for gestational diabetes. Optimum timing and criteria for retesting. *Diabetes* Jun; 34 Suppl 2: 21-3.
- Kaewsonthi S, Kamolratanakul P. 1994. Health Economics. : **Research Principles and Procedures for Evaluation of Health Science**, 2nd ed. Bangkok : Chulalongkorn University Press.
- Kamolratanakul P, Chunhaswasdikul B, Jittinandana A, Tangchareonsathian V, Udomrati U, Akksilip S. Cost-effectiveness analysis of three short-course anti-tuberculosis programs compared with a standard regimen in Thailand. *J clin Epidemiol* 1993b; 46: 631-6.
- Kamolratanakul P, Sriratanaban J, Ngamkiatphaisan S. 2001. **Cost Analysis of Patient Services at King Chulalongkorn Memorial Hospital version 1: Medical Service Units** ; Aug : 92.
- Lindsay MK, Graves W, Klein L. 1989. The relationship of one abnormal glucose tolerance test value and pregnancy complications. *Obstet Gynecol* Jan; 73 (1): 103-6.
- Lao TT, Tam KF. 2001. Gestational diabetes diagnosed in third trimester pregnancy and pregnancy outcome. *Acta Obstet Gynecol Scand* Nov; 80(11): 1003-8.
- Larijani B, Hossein-Nezhad A, Rizvi SW, Munir S, Vassigh AR. 2003. Cost analysis of different screening strategies for gestational diabetes mellitus. *Endocr Pract* Nov-Dec; 9(6): 504-9.
- Neiger R, Coustan DR. 1991. The role of repeat glucose tolerance tests in the diagnosis of gestational diabetes. *Am J Obstet Gynecol* Oct; 165(4 Pt 1): 787-90.
- Poncet B, Touzet S, Rocher L, Berland M, Orgiazzi J, Colin C. 2002. Cost-effectiveness analysis of gestational diabetes mellitus screening in France. *Eur J Obstet Gynecol Reprod Biol* Jul 10; 103(2): 122-9.

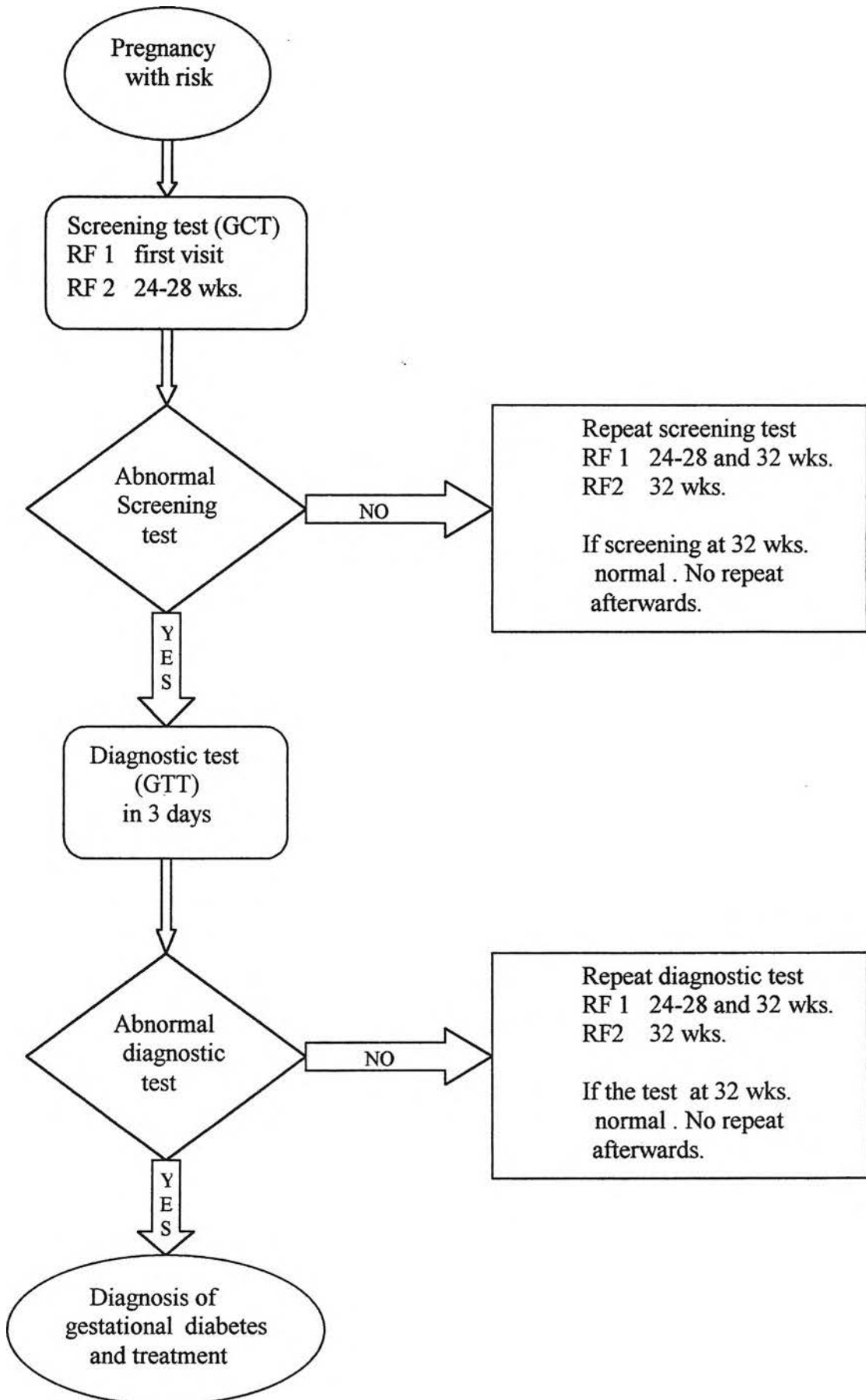
- Roberts RN, Moohan JM, Foo RL, Harley JM, Traub AI, Hadden DR. 1993. Fetal outcome in mothers with impaired glucose tolerance in pregnancy. **Diabet Med** Jun; 10(5): 438-43.
- Schafer-Graf UM, Dupak J, Vogel M, Dudenhausen JW, Kjos SL, Buchanan TA, Vetter K. 1998. Hyperinsulinism, neonatal obesity and placental immaturity in infants born to women with one abnormal glucose tolerance test value. **J Perinat Med** Jan; 26(1): 193-8.
- Sakthong P. 1998. Cost effectiveness analysis of an ACE-inhibitor for delaying progressive of diabetic nephropathy in NIDDM patients with microalbuminuria. **Master's thesis**, Faculty of Economics, Chulalongkorn University.
- Soonthornpun S, Soonthornpun K, Aksonteing J, Thamprasit A. 2003. A comparison between a 75-g and 100-g oral glucose tolerance test in pregnant women. **Int J Gynaecol Obstet** May; 81 (2): 169-73.
- Watson WJ. 1989. Serial changes in the 50-g oral glucose test in pregnancy: implications for screening. **Obstet Gynecol** Jul; 74 (1): 40-3.
- Was JAH, Shalet SM. 2002. **Pregnancy and Diabetes**. New York ; Oxford University Press: 1799-1807.

APPENDICES

Appendix A American Diabetic Association Recommendation



Appendix B BMA Medical College and Vajira Hospital Practical Guideline



Appendix C

Definitions

Overt diabetes

Woman whose pregnancies are complicated by diabetes were known before pregnancy.

Screening test (50 gm. glucose challenge test)(GCT)

The simple method in screening gestational diabetes, by measured plasma glucose after 50 gm. glucose load without regard to the time of day or time of last meal. A value of ≥ 140 mg.% is considered abnormal and required further diagnostic test to confirm diagnosis of gestational diabetes.

Diagnostic test (100 gm. glucose tolerance test)(GTT)

The confirmatory test for diagnosis of gestational diabetes, performed after an overnight fast by measured fasting plasma glucose before 100 gm. glucose load then plasma glucose were measure again at 1st, 2nd, 3rd hours. The criteria in diagnosis was shown by National Diabetes Group (1979)

National Diabetes Group (1979) criteria for gestational diabetes from GTT

Plasma glucose (mg.%)

Fasting	105
1 hr	190
2 hr	165
3 hr	145

diagnosis gestational diabetes when abnormal glucose ≥ 2 value

gestational diabetes A1 fasting plasma glucose < 105 mg.%

gestational diabetes A2 fasting plasma glucose ≥ 105 mg.%

Gestational diabetes class A1

Woman whose pregnancies are complicated by diabetes were known while pregnancy. The diagnosis is done by using National Diabetic Group (1979) criteria and the result of fasting plasma glucose < 105 mg.%

Gestational diabetes class A2

Woman whose pregnancies are complicated by diabetes were known while pregnancy. The diagnosis is done by using National Diabetic Group (1979) criteria and the result of fasting plasma glucose ≥ 105 mg.%

Impaired glucose tolerance test (IGTT)

The result of GTT had only one abnormal value of plasma glucose.

Universal screening test

The screening test were done on every pregnant women who came for the antenatal care.

Selective screening test

The screening test were done on some pregnant women who fulfill the selected criterion, in this study, the American Diabetic Association (1997) were used.



BIOGRAPHY

Mister Phongthorn Virojchaiwong was born on September 19th , 1960 at Bangkok, Thailand. He finished a Bachelor of Science and Medical Doctor at Chulalongkorn University in 1981 and 1983.

After Graduation, he had worked as an intern in Lerdsin General Hospital for one year (1984) . Then he went to work as a medical doctor at Banphue district, Udonrthani Province for two years (1985-1986). Afterwards, he came back to study as a specialist in Obstetrics-Gynecology for three years (1987-1989). Now he has been working as a member of Obstetrics-Gynecology Department, Faculty of Medicine, BMA Medical College and Vajira Hospital since then.

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