DIABETES IN PREGNANCY:

Diabetes occurs quite often during pregnancy even in unexpected cases. The incidence of this condition is increasing, reflecting the increasing prevalence of obesity and metabolic syndrome. The early diagnosis and management of diabetes in pregnancy is important to avoid complications in both mother and the foetus.

IF YOU ARE ALREADY A DIABETIC AND PREGNANT NOW THE FOLLOWING INFORMATION WILL BE HELPFUL:

* If you have a good blood glucose control before conception and throughout your pregnancy the risk of miscarriage, congenital malformation, stillbirth and neonatal death can be reduced.
* You must understand the role of diet, body weight and exercise plays a major role in maintaining sugar values.
* The moment you confirm your pregnancy or even before planning renal assessment and retinal assessment is needed which may get affected in uncontrolled sugars.
* Nausea and vomiting may lead to hypoglycaemia in early pregnancy where the repeated sugar monitoring is needed.
* To take Folic acid 5mg / day until 12 wks of pregnancy to reduce the risk of baby having neural tube defect.
* To take a diabetologist opinion regarding to intensify the blood glucose lowering agents, to monitor blood glucose more often, to include fasting levels and a mixture of pre meal and post meal levels.

**GESTATIONAL DIABETES:**

**RISK FACTORS:**

* BMI > 30 kg/m2
* Previous baby with weight 4.5 kg or more
* Previous gestational diabetes
* Family history of diabetes

**Testing:**

We recommend to screen diabetes on the first booking visit with oral 75g 2 hour oral

glucose tolerance test irrespective of last meal to test for gestational diabetes. The test is performed with 75g oral glucose mixed in 150-200 ml of water. Plasma glucose is estimated 2 hours late

1. >140 mg/dl - Gestational diabetes.
2. > 120 mg/dl - Decreased gestational glucose tolerance.
3. > 200 mg/dl - Diabetes mellitus

If you have vomited within 30 min, the test should be repeated the next day. If vomiting occurs after 3 min the test should be continued.

* Screening is recommended twice during the antenatal period, the second one at 24-28 wks if the first one is negative. There should be an interval of at least 4 weeks between the tests.

1. Medical nutrition therapy is recommended for all women diagnosed with diabetes in pregnancy.
2. Diet and exercise to be strictly followed. Walking for 15 to 30 min after each meal is recommended for a optimal glycaemic control.
3. If the sugars are not under control, you may need anti glycaemic agents alone or combined with insulin.
4. Frequent monitoring of sugar values are important with fasting and 2 hrs after each meal as advised by the diabetologist based on your sugar values.
5. NT scan at 3 months and Anomaly scan at 5th month must be done to rule out anomalies as diabetes in pregnancy may lead to anomalies in babies.
6. Your BP should be monitored regularly as there is a chance of increase in BP when you have diabetes in pregnancy.
7. Baby weight to be monitored as there may be increase in baby body weight while nearing term. An increase in baby weight will cause difficulty in delivery.
8. As there is a risk of hypoglycaemia, you are advised to have proper diet while on medications. Too much of diet and improper medications may lead to low sugar values which may affect both mother and baby.

Diabetes in pregnancy can be managed effectively when it was diagnosed early and

identifying complications as early as possible and timely interventions will lead to a successful pregnancy outcome.

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