

Diabetes and Pregnancy - “The Sweet Scare”

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Diabetes is the most common medical complication during pregnancy



Pregnancy can be a time of excitement and anticipation but few women may experience health problems during pregnancy. These complications can involve the mother's health and the baby health leading to a high-risk pregnancy.

Diabetes is the most common medical complication during pregnancy, representing **3.3% of all live births**. Diabetes in pregnancy can have serious consequences for the mother and the growing foetus. The severity of problems often depends on the degree of the mother's diabetic disease, especially if she has vascular (blood vessel) complications and poor blood glucose control.

Diabetes in pregnancy can occur in two forms:

1. Gestational Diabetes Mellitus (also known as Pregnancy Diabetes)
2. Pregnancy in women with Pre-existing Diabetes

Gestational Diabetes is a type of Diabetes that affects pregnant women usually during mid to later part of the pregnancy, from fourth month of pregnancy onwards. It is usually diagnosed through a blood test between 24 – 28 weeks of pregnancy. Women who had Gestational Diabetes during previous pregnancies may be tested earlier in pregnancy. With good management of Gestational Diabetes with the help of an Endocrinologist one can significantly reduce the risk of complications to both mother and baby and also improve the chances of a normal delivery.

What causes Gestational Diabetes:

During pregnancy, body produces hormones (chemical messengers) which make it difficult for your body to use the insulin

produced thereby creating a state of Insulin Resistance. Insulin is normally required for the body to use glucose in the blood as energy source. With insulin resistance, one's own insulin struggles to help body use glucose for energy and hence glucose levels in the blood rises leading to Gestational Diabetes.

Who is at risk of developing Gestational Diabetes:

1. The following groups of women are at risk-
2. South Asian, Black or Afro Caribbean and Middle Eastern Ethnicity.
3. Overweight or Obese women
4. Gestational Diabetes in previous pregnancy
5. Having delivered a large baby in previous pregnancy (4.5 Kg or more)
6. Family history of Diabetes (parent, sibling)

How to manage Gestational Diabetes :

1. Seek Professional help from an Endocrinologist
2. Understand Gestational diabetes and treatment options
3. Buy a blood glucose meter and agree (with your Doctor) about blood sugar targets
4. See a Dietitian for advice regarding healthy diet and regular exercise.
5. Understand how to treat low and high blood sugars
6. Have hospital helpline or emergency department numbers to hand

Complications of Gestational Diabetes:

It is extremely important to control the blood sugars during pregnancy to prevent complications to both mother and baby. Poor control of Diabetes increases the risk of having a large baby making normal delivery difficult, baby can develop malformations of spine, heart and other organs, baby can develop low blood glucose (Neonatal Hypoglycaemia), risk of baby dying around time of birth (Perinatal death), risk of baby developing Diabetes later in life.

What is the treatment :

Depending on your initial blood sugars, Endocrinologist may advise Diet and regular exercise to start with. If blood sugars are not controlled tablets may be stated and if this fails to control blood sugars, Insulin injections will be needed.

Apart from this, frequent checking of blood sugars will be needed, frequent baby scans will be needed and if blood sugars are not well controlled delivery of the baby may have to brought forward.

Management of Diabetes in Diabetic Women who become pregnant is similar to that of Gestational Diabetes, except that it is advisable to get the Diabetes under good control before planning pregnancy and regular eye (Retina) checks will be needed.