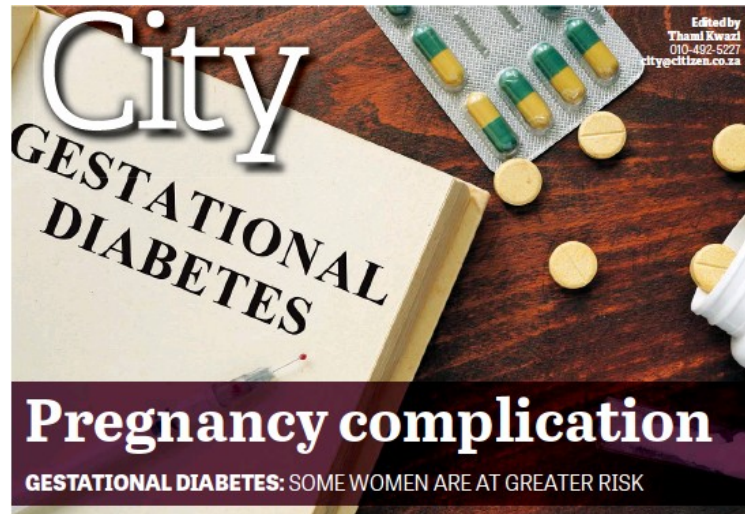


Pregnancy complication

GESTATIONAL DIABETES: SOME WOMEN ARE AT GREATER RISK

The Citizen (Gauteng) · 16 Aug 2021 · 14 · Dr Dulcy Rakumakoe

High level of hormones produced impair action of insulin on cells.



It is called gestational diabetes because it develops during pregnancy and it causes high blood sugar that can affect a baby's health. Eating healthy foods, exercising and, if necessary, taking medication will control blood sugar and thus prevent a difficult birth and keep mother and baby healthy.

In gestational diabetes, blood sugar usually returns to normal soon after delivery. But if one has had gestational diabetes, the person is at risk for type 2 diabetes.

As soon as a woman thinks about trying to get pregnant, she should see a doctor to evaluate her risk of gestational diabetes.

To make sure blood sugar level has returned to normal after the baby is born, the health care team will check the mother's blood sugar right after delivery and again in six weeks.

Gestational diabetes does not cause noticeable signs or symptoms and it is not known why some women develop it.

During pregnancy, the placenta produces high levels of various other hormones.

Almost all of them impair the action of insulin in your cells, raising blood sugar.

Modest elevation of blood sugar after meals is normal during pregnancy.

As the baby grows, the placenta produces more and more insulin-counteracting hormones.

In gestational diabetes, the placental hormones provoke a rise in blood sugar to a level that can affect the growth of the baby.

Doctors can evaluate risk factors for gestational diabetes early in pregnancy.

RISK FACTORS

Any woman can develop gestational diabetes, but some women are at greater risk.

Risk factors for gestational diabetes include:

Age greater than 25. Women older than age 25 are more likely to develop gestational diabetes.

Family or personal health history. The risk of developing gestational diabetes increases if a woman has pre-diabetes, has had gestational diabetes in previous pregnancy or if a close family member, such as a parent or sibling, has type 2 diabetes.

Big baby. If a woman delivered a baby who weighed more than 4.1kg or had an unexplained stillbirth. **Excess weight.** A woman is more likely to develop gestational diabetes if she is significantly overweight with a body mass index of 30 or higher.

Complications

Most women who have gestational diabetes deliver healthy babies.

However, gestational diabetes that's not carefully managed can lead to uncontrolled blood sugar levels and cause problems for mother and baby, including an increased likelihood of needing a C-section to deliver.

Complications that may affect your baby

Excessive birth weight. Extra glucose in your bloodstream crosses the placenta, which triggers your baby's pancreas to make extra insulin.

This can cause your baby to grow too large

Early (preterm) birth and respiratory distress syndrome. A mother's high blood sugar may increase her risk of early labour and delivering her baby before the baby's due date. Or her doctor may recommend early delivery because the baby is large.

Babies born early may experience respiratory distress syndrome – a condition that makes breathing difficult.

Low blood sugar (hypoglycemia). Sometimes babies of mothers with gestational diabetes develop low blood sugar (hypoglycemia) shortly after birth because their own insulin production is high.

Type 2 diabetes later in life. Babies of mothers who have gestational diabetes have a higher risk of developing obesity and type 2 diabetes later in life.

Stillbirth. Untreated gestational diabetes can result in a baby's death either before or shortly after birth.

Complications: Gestational diabetes may also increase the mother's risk of:

High blood pressure and preeclampsia. Gestational diabetes raises the risk of high blood pressure as well as preeclampsia – a serious complication of pregnancy that causes high blood pressure and other symptoms that can threaten the lives of both mother and baby.

Future diabetes. If a woman has had gestational diabetes, she is more likely to get it again during a future pregnancy.

Treatment strategies may include:

Monitoring blood sugar. Check blood sugar four to five times a day: first thing in the morning and after meals.

Healthy diet. Eating the right kinds of food in healthy portions is one of the best ways to control blood sugar.

Exercise.

Medication. Insulin injections may be needed.

Close monitoring of the baby.