

3 - Gestational diabetes

Gestational diabetes usually arises during the second or third trimester of pregnancy, and disappears after childbirth. It affects about 7-10% of all pregnant women. In order to keep blood glucose levels under control properly, lifestyle (diet and exercise) changes are required; if these changes alone are inadequate, medication is required to keep blood glucose levels under control. The only authorised treatment for diabetes during pregnancy is insulin therapy.

Who is most at risk?



Women who were overweight or obese before they became pregnant, those above 35 years of age, those with a parent affected by Diabetes Mellitus Type 2, and those who had gestational diabetes in a previous pregnancy.



Those with blood glucose levels of between 100 and 125 mg/dl when fasting before or during the first few weeks of pregnancy, those from ethnic groups at high risk of Diabetes Mellitus Type 2, and those who are pregnant with twins.

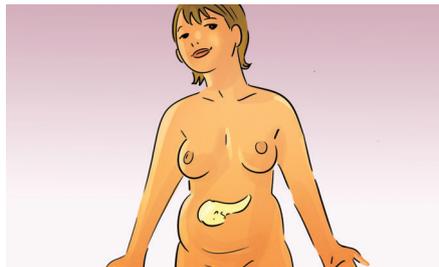


Women who have made use of assisted fertility treatment, those who have put on too much weight during pregnancy, and those with a baby which, on ultrasound testing, seems to be growing too fast.

What is gestational diabetes?



During the second trimester, the placenta produces hormones which interfere with the reception of insulin and the mother's body reacts by producing greater amounts.



If the amount of insulin produced is not enough to balance the effect of these hormones, blood glucose levels rise and gestational diabetes appears.



Sugar crosses the placenta and enters the body of the foetus, causing it to grow excessively. This condition is called macrosomia or excessive growth, when the baby weighs more than 4 kg at birth.



Giving birth naturally to a large baby can be difficult, and it is sometimes necessary to use C-section.



These babies are sometimes born with hypoglycaemia or, very occasionally, breathing difficulties or jaundice. These problems are only temporary, and can be avoided by checking blood glucose levels properly during pregnancy.



A diagnosis of gestational diabetes is also important for the mother, because this disease can predispose her to high arterial blood pressure during pregnancy and Diabetes Mellitus Type 2 in the years after pregnancy.