

GENESIS OB/GYN, INC.

GESTATIONAL DIABETES

Many women today of childbearing age who have certain medical condition are able to safely deliver normal, healthy babies through early diagnosis and aggressive prenatal medical management.

Gestational diabetes is one of the most common complications. According to current estimates, it occurs in 3 to 12 percent of pregnancies. In the past, the problem went undetected. Now our level of understanding has improved so that we are better able to identify those at risk, make a diagnosis, and treat this disease.

Gestational diabetes is a form of diabetes that is present only during pregnancy. The hormones produced by the placenta diminish women's capacity to metabolize sugars and simple carbohydrates during pregnancy. In diabetic women, this is carried out to the extreme, resulting in high blood sugar levels, which freely travel through the placenta.

Complications--One complication is that, with all this sugar transporting to the baby, the fetus responds by growing excessively. This can cause the need for Cesarean birth, or worse, trauma to the infant when passing through the birth canal. In addition, babies of diabetic moms have slower lung development, which may prevent them from being mature at delivery.

After birth, the baby can experience low calcium, low blood sugar, and an excessively high volume of blood cells, which can result in jaundice. For the mother, complications include increased risk for toxemia and high blood pressure, kidney disease, infection, and hydramnios (too much amniotic fluid).

For all these reasons, diagnosis is crucial. Women at risk are those who are overweight, have a family history of diabetes, are 30 years or older, and have had a previous stillborn or infant greater than 9 pounds. Many obstetricians will screen all patients.

Outlook--Once the diagnosis is made, most women are treated successfully on a strict diet designed to keep their blood sugar from rising too high. Doctor-supervised exercise is also beneficial in improving glucose metabolism. The blood sugar levels are checked at regular intervals to be sure the diet remains effective. If the diet is unsuccessful, then insulin may be necessary. In addition, the fetus needs to be monitored for growth, excessive amniotic fluid, and overall well-being.

Once the baby is born, the hormones causing glucose intolerance are no longer present and the diabetes usually resolves. There is, however, a 50 percent chance of recurrence in the next pregnancy. In addition, a tendency toward developing diabetes may be unmasked and up to half of women who have gestational diabetes will develop adult-onset diabetes within the next 10 years.

Therefore, mothers who have had gestational diabetes should be diligent about maintaining healthy, active lifestyles and getting regular medical care.