

Management of Gestational Diabetes

Screen all women with risk factors



Positive family history (first degree relatives)
Asian women.
BOH like IUD, congenital malformations, macrosomic baby.
Obesity.
Advanced maternal age.



Screening for Gestational Diabetes.

1. Glucose Challenge Test (50 grams) at 24 and 28 weeks → Abnormal 1% (more than 140mg/ dl)
2. Glucose Tolerance Test with 75 grams glucose OR
3. Glucose Tolerance Test (GTT with 100 grams) is abnormal if more than 2 values meet or exceed limits below:
Fasting > 95 mg/dL
1 hr > 180 mg/dL
2 hrs > 155 mg/dL
3 hrs > 140 mg/dL



Complications in mother:

1. Premature labour.
2. Hydramnios.
3. Repeated vaginal infections
4. Increased chances for LSCS.
5. Hypertension.
6. Diabetic ketoacidosis.
7. Eye and kidney problems etc.

Complications in babies:

1. Macrosomia.
2. Neonatal hypoglycemia
3. Stillbirth
4. Congenital defects.
5. Polycythemia
6. Hyperbilirubinemia



Management:

1. Proper history taking, preconception counselling and management.
2. Good glycaemic control before and during pregnancy.
3. Give diet therapy for 15 days, if fasting blood sugar is more than 90 or 2 hr blood sugars are more than 120, we give insulin.
4. Oral hypoglycemic agents should be replaced by injectable Insulin.
5. ACE inhibitors should be discontinued preconceptionally.
6. Ultrasonography- fetal echocardiography.
7. Nutritional advice during pregnancy.
8. Regular antenatal visits.
9. Delivery should be conducted at a tertiary care NICU.

Dr. Sanjeev Bagai

Padma Shree
Dr. B.C. Roy Awardee

C.E.O - Batra Hospital & Medical Research Centre

Sr. Consultant Paediatrician, Neonatologist & Paediatrics Nephrology
MBBS, MD(BOM), DCH(BOM), DNBE(PAED), NMAMS, FSCH(AUST.), MIPA(USA),
FIMSA

