

Gestational Diabetes

Definition: Diabetes is a metabolic disorder, characterized by hypoglycemia- caused by impairment of insulin secretion.

Incidence: 2-3 % of all pregnancies are complicated by gestational diabetes and 15% require insulin. 60% of patients with GDM will become overtly diabetic in 5-10 years postpartum. Thus patients should be screened every year for high sugars every year thereafter. Type 2 diabetes tend to run in families- off springs are of increased risk of developing diabetes in adulthood.

Diabetic risk factors:

1. Positive family history(first degree relatives)
2. Asian women.
3. Bad obstetric history like IUD, congenital malformations, macrosomic baby.
4. Obesity.
5. Advanced maternal age.

Risks to the Mother:

Type 1 or type 2 diabetics can have various complications due to poor sugar control. Women with gestational diabetes or recently diagnosed diabetics are at lesser risk for vascular complications but are at a greater risk for fetal complications. The risks are:

1. Premature labour.
2. Hydramnios.
3. Repeated vaginal infections due to candida.
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. Multiple or single birth defects.

Screening Tests- GTT should be performed in high risk patients at the first antenatal booking and at 24and 28 weeks.

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

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

Despite diet therapy, if fasting blood sugar is more than 90 or 2 hr blood sugars are more than 120, we give insulin.

Management:

1. Proper history taking, preconception counselling and management.
2. Good glycemic control before and during pregnancy.
3. Oral hypoglycemic agents should be replaced by injectable Insulin.
4. ACE inhibitors should be discontinued preconceptionally.
5. Ultrasonography- fetal echocardiography.
6. Nutritional advice during pregnancy.
7. Regular antenatal visits.
8. Delivery should be conducted at a place with good NICU.