



## GESTATIONAL DIABETES MELLITUS

### What is Gestational Diabetes (GDM)?

Gestational diabetes (GDM) is a type of diabetes that presents as high blood glucose levels during pregnancy and is associated with complications to both mother and child. GDM usually appears during the second trimester and disappears after pregnancy. However, women affected and their children are at increased risk of developing Type 2 Diabetes Mellitus later in life.

### Who can get GDM?

Pregnant women with below conditions are at high risk of developing GDM

- Elderly primi or advanced age of first pregnancy-  $\geq 35$  yrs
- Obesity prior to pregnancy- BMI  $> 30$
- Excessive gestational weight gain
- Family history of Diabetes
- Short stature (Height  $< 150$  cms)
- Hypertension during pregnancy
- History of recurrent miscarriage
- History of GDM during previous pregnancies
- History of Polycystic ovary syndrome.

### Diagnosis of GDM

How? GDM is normally diagnosed during routine blood checkups done in pregnancy.

When ? Routine blood sugar tests are usually done between 24-28 weeks of pregnancy. Blood samples are collected from the pregnant lady at 3 intervals.

### What are the complications of GDM?

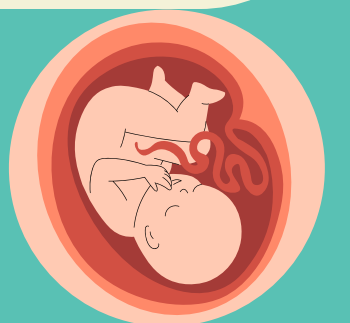
#### Maternal complications:

- During pregnancy: Risk of Abortion, Hypertension and pre-eclampsia to the mother.
- During delivery: Premature birth, failure to progress to normal labour, increased necessity of instrumental delivery or Caesarean delivery.
- After delivery: Women with GDM are at increased risk for the development of type 2 diabetes, usually 3-6 years after pregnancy. Other factors like Obesity or hormone imbalance also enhances the risk of type 2 diabetes after GDM.

#### Foetal complications:

- The baby will mostly be large for gestational age (commonly known as big baby).
- Intrauterine death and still birth
- Hypoglycemia or low sugar levels in the first few days after birth
- Increased chance of Neonatal jaundice.
- The children of women with GDM are at increased risk of obesity, glucose intolerance, and diabetes in late adolescence and young adulthood.

- Fasting blood sugar (after 8 hours of fasting):  $> 126$  mg/dL
- Oral glucose tolerance test (1 hour after consumption of 75g of glucose):  $> 180$  mg/dL
- Oral glucose tolerance test (2 hours after consumption of 75g of glucose):  $> 155$  mg/dL



### Principles of Diet in Gestational Diabetes

- Consume nutritious balanced diet
- Disciplined, timed meals
- Avoid Heavy meals, split the food intake into frequent small meals
- Avoid food with high glycemic index such as rice,
- Consume protein rich, low-fat, high fibre diet



### Management of GDM

- Lifestyle modifications
- Regular blood sugar monitoring
- Oral hypoglycaemic drugs and insulin if required
- Following proper diet
- Adequate exercise