

# GESTATIONAL DIABETES

## What is gestational diabetes?

Gestational diabetes is a state of increased blood glucose in pregnancy, which if not controlled can have adverse impact on foetal and maternal health

## When does gestational diabetes occur?

Gestational diabetes usually occurs toward the end of second trimester of pregnancy and maximally seen in the third trimester of pregnancy. The good news is that especially when it occurs late in pregnancy, it usually reverts back to normal blood glucose post child-birth. But such ladies continue to have a higher risk of type-2 diabetes (T2DM) in the long run. Hence post-partum care of diet and weight loss to ensure attaining back the pre-pregnancy weight is critical to prevent diabetes recurrence in future

## What tests are done to look for gestational diabetes?

Simple blood glucose testing in the morning fasting state and 2 hours post meals can give a clue. A more specific test would be to check for blood glucose at 1 hour and 2 hours post intake of 75 grams anhydrous glucose (dried glucose powder without traces of water). A 1 hour and 2 hours post-glucose blood glucose values of less than 180mg/dl and 154 mg/dl respectively virtually rules out gestational diabetes. But often a repeat test is done 4-6 weeks later for patients with high risk of gestational diabetes as a single test may miss the diagnosis.

## What is HbA1c test and its role in diagnosis and treatment of gestational diabetes?

HbA1c is a simple blood test which gives us an idea of blood glucose average of last 3 months. Normal HbA1c is defined as <5.7%. In pregnancy it is recommended to keep HbA1c<6% along with avoiding low blood glucose (hypoglycaemia; <70mg/dl) for the best child and mother outcomes.

## Gestational diabetes refers to increase in blood glucose from late second trimester of pregnancy. Does it mean that blood glucose doesn't increase in early part of the pregnancy?

Blood glucose can increase at any time during pregnancy. Just that the increase is more commonly seen in the later half of the pregnancy. Pregnancy is a state of stress for the body where the insulin which is being generated in the body is not able to work optimally, becomes less efficient, something we call "insulin resistance." Hence pre-pregnancy counselling is very important in women living with diabetes.

## What happens if we do not treat gestational diabetes?

Glucose is also one of the building blocks of the body. High blood glucose in the later half of the pregnancy can lead to "big babies" which can lead to problems in delivery, increased need for Caesarean delivery, obstructed labour, along with increased risks of low blood glucose in the baby post-delivery and higher risks of metabolic syndrome (obesity, polycystic ovary syndrome, raised cholesterol, diabetes) in the child later in life.

## How do we then treat gestational diabetes?

Good diet control, cutting down on carbohydrate intake, increasing protein intake is the single most important step in ensuring good blood glucose control during pregnancy. Daily walking (only if there is no contraindication from the treating gynaecologist) is also a great way to control blood glucose during pregnancy. Short post-meals walks are a great way to control the post-meal rise in blood glucose

## What medications can be used to treat gestational diabetes?

Insulin and metformin are the 2 primary medications for managing gestational diabetes. Please consult your endocrinologist to decide what is best for you and at what doses.

## When can we say that the blood glucose control is good in a lady with gestational diabetes?

It is desirable to keep all the pre-meal blood glucose value readings at around or less than 95mg/dl and 2-hour post-meal blood glucose values at around or less than 120mg/dl for the best foetal and maternal outcomes in ladies with gestational diabetes.

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