



Current Status on Gestational Diabetes

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DESCRIPTION

Gestational diabetes is the first diabetes diagnose during pregnancy (during pregnancy). Like other types of diabetes, gestational diabetes affects how cells use sugar (glucose). Gestational diabetes causes hyperglycemia and can affect pregnancy and the health of the baby. Pregnancy complications are a source of concern, but the good news is. Pregnant mothers can help manage gestational diabetes by eating a healthy diet, exercising, and taking medication as needed. Controlling your blood sugar can help keep you and your baby healthy and prevent difficult childbirth. There are two classes of gestational diabetes. Grade A1 women can manage it through diet and exercise. If you have Class A2, you should take insulin or other medications. Gestational diabetes disappears after childbirth. However, it can affect your baby's health and increase your risk of developing type 2 diabetes in later years. There are steps you can take to keep you and your baby healthy. In women with gestational diabetes, blood sugar levels usually return to normal shortly after childbirth. However, if you have gestational diabetes, you are at increased risk of developing type 2 diabetes. Changes in blood sugar should be tested more often.

Risk factors for gestational diabetes

You are more likely to have gestational diabetes if:

- Overweight before I got pregnant
- Blood sugar levels are higher than they should be, but not high enough to cause diabetes (this is known as pre diabetes).
- Have a diabetic family
- Having gestational diabetes
- There is another condition associated with Polycystic Ovary Syndrome (PCOS) or insulin problems
- Have high blood pressure, high cholesterol, heart disease, or other complications
- Gave birth to a large baby (weight 9 pounds or more)
- Miscarriage
- Gave birth to a stillborn baby or had a specific birth defect
- 25 years and older

Symptoms of gestational diabetes

Women with gestational diabetes are usually asymptomatic or may be due to pregnancy. Most people know that they have it in their everyday body. You may notice the following:

- You are thirsty than usual
- You are hungry and eating more than usual
- Pee more than usual

Causes of gestational diabetes

The exact cause of gestational diabetes is unknown, but hormones can play a role. When you are pregnant, your body produces higher levels of some hormones, including:

- Human Placental Lactogen (HPL)
- Other hormones that increase insulin resistance

These hormones affect the placenta and help maintain pregnancy. Over time, the amount of these hormones in your body will increase. They can make your body resistant to insulin, the hormone that regulates your blood sugar. Insulin helps move glucose from the blood to the cells where it is used for energy. During pregnancy, your body naturally becomes mild insulin resistant, allowing more glucose to be used in your bloodstream to be passed on to your baby. If insulin resistance becomes too strong, blood sugar levels can rise abnormally. This can lead to gestational diabetes.

Treatment of gestational diabetes

If you have gestational diabetes, controlling your blood sugar can reduce your chances of having a pregnancy problem. A blood glucose test kit is provided to help you monitor the effectiveness of your treatment. You can lower your blood sugar by changing your diet and exercise habits. However, if these changes do not lower your blood sugar sufficiently, you may need to take additional medication. These can be pills or insulin injections. It is also closely monitored to look for problems that may occur during pregnancy and childbirth. If you have gestational diabetes, it is best to give birth 41 weeks in advance. If labor does not start spontaneously at this point, labor induction or caesarean section may be recommended.

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Received: 03-Jan-2022, Manuscript No. 2572-5629-22-15553; **Editor assigned:** 05-Jan-2022, PreQC No. 2572-5629-22-15553 (PQ); **Reviewed:** 20-Jan-2022, QC No 2572-5629-22-15553; **Revised:** 24-Jan-2022, Manuscript No. 2572-5629-22-15553 (R); **Published:** 07-Mar-2022, DOI:10.35841/2572-5629-22.07.110

Citation: Tomich DR (2022) Current Status on Gestational Diabetes. Diabetes Case Rep. 7:110

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Target blood glucose level for pregnant women

The American Diabetes Association (ADA) recommends the following goals for pregnant women testing their blood glucose levels:

- Before meals: 95 mg / dl or less
- 1 hour after meal: 140 mg / dl or less
- 2 hours after meals: 120 mg / dl or less

Diet and exercise in gestational diabetes

To stay healthy, follow these simple steps: Eat a healthy and low-carbohydrate diet.

Talk to your doctor to make sure you are getting the nutrients you need. Follow the diet plan for people with diabetes:

- Exchange sweet snacks such as cookies, candies and ice cream for natural sugars such as fruits, carrots and raisins. Pay attention to the portion size, including vegetables and whole grains.
- Eat 3 small meals daily and 2-3 snacks at the same time.
- Get 40% of your daily calories from carbohydrates and 20% from protein. Most carbohydrates should be complex high fiber carbohydrates containing 25% to 40% fat.
- Aim for 20-35 grams of fiber a day. Foods such as wholegrain breads, cereals, and pasta; brown or wild rice; oatmeal; and vegetables and fruits will help get you there.
- Limit your total fat to less than 40% of your daily calories. Saturated fat should be less than 10% of all the calories you eat.

Diagnosis of gestational diabetes

Your healthcare provider will test your blood sugar during pregnancy. The test can consist of two parts.

- **Glucose tolerance test:** Drink a sweet liquid. About an hour later, a blood test will be done to check your blood sugar. If your blood sugar is high, your doctor will do a glucose tolerance test.
- **Glucose tolerance test:** The oral glucose tolerance test is performed only if the challenge test results are abnormal. Fast (do not eat for 8 hours) before the resistance test. Your healthcare provider draws your blood before and after you drink a sweet liquid. The tolerance test can confirm a diagnosis of gestational diabetes.