

Diabetes Mellitus During pregnancy (Gestational Diabetes Mellitus)

Lecturer

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Diabetes Mellitus.

Is a multisystemic metabolic disturbance associated with hyperglycemia due to decreased the level of insulin or decreased sensitivity to it .

WHO classifications:

- Type 1 D.M: is usually due to autoimmune destruction of the pancreatic β cells.
- Type 2 :is characterized by tissue- insulin resistance and varies widely; it some times progress to loss of β cell function.

Gestational diabetes

Diabetes during pregnancy

(1)Pre-gestational (Type 1 and 2)

(2)Gestational Diabetes

Diabetes diagnosed during pregnancy with glucose intolerance reverting to normal after puerperium.

Maternal effects:

- Difficulty in controlling bd. Sugar.
- ↑Infection rate.
- Placenta previa
- polyhydramnios
- Congenital malformations.
- PIH and pre-eclampsia.
- Birth trauma.
- Macrosomia ,IUGR
- Increase rate of C-Section.
- Spontaneous and recurrent miscarriages and preterm labor.
- IUFD(Fresh and Macerated S.B)

Neonatal complication

- RDS
- Hypoglycemia.
- Hypothermia.
- Hypocalcaemia.
- Hyperbilirubinemia.
- Macrosomia.
- Shoulder dystocia.

Screening of GDM

A) RISK FACTORS

- 1-Family history (1st degree relatives)
- 2-Advanced maternal age (>30y)
- 3-Unexplained fetal demise.
- 4-Previous G.D
- 5-Obesity (BMI >30kg/m²)
- 6-Glycouria.
- 7-Obstet.history: polyhydrom. macrosomia, and, cardiac anomalies .

Management

(1) Pre-pregnancy counseling

- Strict control of diabetes (Type 1 & 2)
- 2 months before pregnancy will decrease incidence of congenital malformations.
- High dose folic acid pre pregnancy is recommended
- Lifestyle changes.

2) Team approach

(Patient, patients family, Obsteritian, endocrinologist...)

3) Base line studies

= U/S screening, u/s monthly,

4) **Assessment**: glucose test, ophthalmolgy, dental ,and foot evaluation.

5) Glucose monitoring

1- G.D: Daily FBS and P.Ps.

6) Dietary Management

Spread the diet 3 meals and 1 evening ,and 3 snacks.

Activity Management

- a) -The more active you are, the lower your blood sugar
- b) -Physical activity promote transport of Bd. Sugar to the m. cells
- c) -Exercise increases the sensitivity to insulin.
- d) -Regular exercise can help pregnant lady to prevent backache.
- e) Swelling, constipation and difficulty sleeping.
- f) -It can prepare pregnant lady for labor by increasing m. strength and reduces stress on ligaments and joints during labor.
- g) -It shortens the recovery time.

7)Treatment:

- a) -Controlling of the blood sugar is essential for both the mother and the fetus.
- b) -Most women with G.D managed with

Diet (the right amount and kind of food and exercise ,but many will need medications +lifestyle changes.

Three way to management diabetes mellitus:-

- a) Diet regime
- b) Insulin injection and Oral hypoglycemic drug
- c) Exercise