

## DIABETES LEXICON

### Macrosomia

(Macro= Big Pronounced: mak-row-SOHM-ee-uh)  
 Macrosomia is a term used to describe babies who are born large. In India we use the cutoff of 3.5 kg. Babies who are born large can have several immediate and several later complications

- ◆ **Immediate problems :** Birth trauma (a condition called shoulder dystocia or having difficulty with the shoulder coming out of the birth canal), low blood sugar, prolonged jaundice
- ◆ **Later problems:** Childhood obesity, Type 2 diabetes developing early

### Reasons for big babies

Diabetes in the mother, Overweight/obese mother, Gestational diabetes, Excess weight gain during pregnancy, Big sized parents

### Strategies for making sure that the baby's weight is optimal

Healthy eating, Pre pregnancy planning and weight control, Blood sugar control during pregnancy, Optimize weight gain during pregnancy.

# CHEENIKUM

*Cheenikum (or Cheeni kummi in Tamil) is the newsletter of the women's empowerment movement Women2Women (W2W). The message of this initiative is Diabetes know more. And as the name says it all, we want to prevent diabetes and also help those who already have diabetes, manage it well by being more aware.*

## Feature Article DIABETES DURING PREGNANCY

By Dr. Jayashree Gopal

Women sometimes develop high blood sugars during their pregnancy and this type of diabetes is called gestational diabetes mellitus or GDM. This has implications not only during the pregnancy for mother and child, but also for the future health of mother and child.

## Some FAQs regarding GESTATIONAL DIABETES

### 1. What is gestational diabetes?

If diabetes (or high blood sugars) is detected for the first time in pregnancy, it is called "gestational" diabetes (GDM). This may include some women who may have had undetected diabetes prior to pregnancy.

### 2. How common is GDM in India?

The numbers in India are overwhelming. In urban areas, it is estimated that some 10-16% of all pregnant women develop diabetes. That is 1 out of every 6 to 10 pregnant women GDM.

### 3. Why do some women develop GDM?

In pregnancy, the body makes several new hormones that are necessary for pregnancy, and these hormones tend to work against the effects of insulin. Because of this, insulin is not able to work adequately, a condition referred to as insulin resistance. Due to this, blood sugars levels increase beyond what is normal in pregnancy for some women. All women produce more insulin to overcome this resistance in pregnancy, but not all go on to develop diabetes.

The additional risk factors for diabetes appear to be several including race [People of Indian origin] have a high tendency), increasing age, increasing weight, family history of diabetes and lack of exercise. Each pregnancy puts a woman at higher risk.

*The newsletter will be loaded with useful information for you. A regular feature will be a review written by an expert along with many interesting features like Snack time, Diabetes lexicon, someone you should know and fact vs fiction. A newsworthy corner and a sneak peek into the next issue will also be available.*



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### Snack Time HEALTHY OPTIONS

- Fat free yogurt [ curds made with fat free milk] with pomegranates
- Salad with lettuce, spinach, oranges, walnuts and cherry tomatoes
- Oats biscuits with mango salsa
- Fruit chat with pineapple, kiwi and apples
- Devilled egg with guacamole
- oats biscuits with vegetable salsa [Tomatoes, green peppers, Red peppers, yellow peppers, chillies, onions]
- Boiled peanuts with onions and chillies.

#### 4. How can I know if I have GDM?

GDM is detected by testing blood sugars (both fasting and after drinking glucose). Your doctor will do several such tests in pregnancy. The earlier the test is done, the better it is for you and the baby. Normal blood sugars levels in pregnancy are considered to be a fasting value below 92 mg/dl, and 2 hours after glucose below 140 mg/dl.

#### 5. Why is the raise in blood sugars above normal so dangerous? And will my baby also develop diabetes?

For one thing, babies that are exposed to high blood sugars in their mother's womb, gain more weight, particularly around their abdomen area (tummy). There is a higher likelihood of premature delivery and need for caesarean sections with babies that weigh more 4 kg. High blood sugars also affect the water levels surrounding the baby in the womb – the amniotic fluid. Levels of this fluid can go up or down if blood sugars are not under control. High blood sugars also delay the lung maturation of babies, so that they may have difficulty breathing after birth.

Babies born to mothers with diabetes also have more severe and prolonged jaundice after birth. Some babies may develop low blood sugars or low calcium levels after delivery. Unfortunately, the story does not end here. Diabetes in pregnancy is a risk factor for the mother to develop diabetes in later life. Not only the mother, studies are beginning to show that children born to such mothers tend to be more overweight and have a higher chance of developing diabetes, high cholesterol and high blood pressure.

#### 6. Does being diagnosed with diabetes in pregnancy mean that I will need to undergo cesarean section for delivery?

The diagnosis of GDM DOES NOT inevitably lead to a C-section. The need for surgery to deliver the baby depends on other factors like the weight of the baby and its position. A woman who has well controlled diabetes, whose baby is of normal weight and who has no other complications can certainly have a normal delivery.



### PUZZLE CORNER

#### PUZZLE #1

What is round, red or green, can be cooked, grows above the ground, can be eaten raw, and is rich in lycopenes?

#### 7. What can I do to prevent GDM and to keep blood sugars under control?

First, maintain a healthy lifestyle. Ensure you are walking for 45-60 minutes daily. If you have a smart phone, use a pedometer app, and ensure you are taking at least 8000 steps a day. Understand the basics of a healthy eating pattern. Second, if overweight or obese, try to lose weight prior to pregnancy. Third, check your blood sugars even when you start thinking of a pregnancy. What type of test is to be done can be decided after you consult with your doctor. Remember that avoiding diabetes in pregnancy helps you and your baby, not only in the pregnancy but also in the future.

#### 8. What should I do after my delivery?

The most important thing is to have your blood sugars checked again immediately after delivery and again 6-12 weeks after delivery. Women with gestational diabetes are at greatly increased risk for future diabetes and this can only be detected by periodic screening. Most women do not come back for follow-up blood tests and we are not able to identify them early and start them on a treatment program.

#### 9. What should I do before my next pregnancy?

1. Plan your pregnancy
2. Check your blood sugars at least 2-3 months before planning to get pregnant. This way, any abnormally high sugars can be treated and brought down.
3. Take folic acid
4. Make sure you are at an ideal weight before starting your pregnancy
5. Consult your physician



#### FACT vs. FICTION

1. Coconuts are rich in cholesterol
2. Women with diabetes should not breastfeed
3. Fruit juices can raise your risk of diabetes
4. Nuts are rich in mono saturated fatty acids
5. Olive oil is a low fat oil
6. Diabetes makes you prone to HIV