

FAQ | PREGNANT WOMEN

- 1. What is gestational Diabetes?**
Gestation means pregnancy. Diabetes that is detected during pregnancy is called Gestational Diabetes or GDM. This type of diabetes is usually temporary but it also indicates a high risk for future diabetes.
- 2. Why do women develop GDM? Is it common in India?**
A Woman's body makes hormones during pregnancy that are called pregnancy hormones. These hormones typically are anti insulin in nature. Therefore, even a normal pregnancy requires a woman to make more insulin to counter these pregnancy hormones. Some women are unable to produce the extra insulin that is needed during pregnancy, and their blood sugars start to rise. These are the women who typically develop GDM. Family history, being overweight, sedentary lifestyle, polycystic ovary syndrome and belonging to an ethnic group with high risk of diabetes are the usual risk factors. It is becoming very common in India. Some recent studies have shown that 1 in every 6 pregnant women develops gestational diabetes.
- 3. How can I find out if I have GDM and when?**
It is a simple blood test. Your doctor will ask you to undergo a fasting blood sugar and/or a 75 gm GTT (Glucose Tolerance Test). Some doctors do 100 gm GTT. Based on pre-established cut offs, the diagnosis of GDM is made. Women are now tested at first booking and again at 24-28 weeks.
- 4. What will happen if I don't find out?**
Gestational Diabetes has many consequences:
Mother: Can develop pregnancy hypertension, hydraminos (too much water around the baby), premature labour and sometimes pregnancy losses (early or late).
Baby: The baby can gain too much weight (called macrosomia) and cause difficulty during delivery. Sometimes there are birth injuries due to the size. C sections may become necessary. The new born baby can develop low blood sugar or low calcium or high bilirubin. The baby of a mother with GDM is at increased risk for childhood obesity and diabetes at an early age.
- 5. What are my diet and physical activity recommendations?**
Nutrition guidelines are very important. For the baby to grow, the mother has to eat enough and the blood sugars have to be in the target range with the right diet. The general principles are:
1. Eat small frequent meals.
2. Avoid a big breakfast.
3. Include 2-3 servings of dairy/day (preferably low fat or non fat).
4. Avoid simple sugars like sweets, fruit juice, soft drinks, sugar and fruit that are very sweet like mangoes, sifaphal (custard apple), sapota h(chikoo) , jackfruit.
5. Eat a high fiber diet with millets, grains and vegetables.
6. Eat chicken, eggs, lean meats as a source of protein. Fish should be limited to twice a week and avoid fish like shark, sword fish, mackerel and tile fish. These may contain more mercury.
7. Being physically active is very important. Women can usually continue the exercise routine that they are used to prior to getting pregnant. However, it is always advisable to check with your Obstetrician if the activity that you are doing or planning to start is safe. Being active helps with glucose control, limits weight gain and helps women bounce back quickly after their delivery.



- 6. How can we know if my blood sugars are under control? What about the baby?**
There are 2 ways. Home glucose monitoring with a glucometer is very helpful and provides round the clock access to testing. It is simple, easy to learn and quick. The other method is to give a blood sample to the laboratory. Self monitoring of blood glucose (SMBG) testing is recommended by doctors. We get a detailed ultrasound called anomaly scan around 20 weeks. This is a scan that carefully looks at the heart and other body parts like the spine, extremities, the facial bones and for any evidence of birth defects or growth problems. A detailed growth scan is done around 32 weeks.
- 7. What are the diabetes medications that are safe during pregnancy? What about delivery?**
Insulin is safe, effective and can be tailored to suit your needs. Metformin and Glyburide (Glibenclamide) are approved in some countries. Your doctor will decide on the best line of treatment for you. GDM does not automatically mean C section. Your obstetrician will decide the type of delivery based on baby's weight, position, your health condition, how your labour is progressing etc. The timing of delivery will also be decided based on glucose control, use of insulin and previous delivery history and mother's medical history.
- 8. When should I recheck my sugars?**
Your blood sugars will be checked immediately after your delivery and before you go home. You will be asked to check your blood sugars again (after drinking 75 gm of glucose) about 6-12 weeks after delivery. This will tell us if your blood sugars are normal or abnormal. This is the only way to diagnose diabetes early and start treatment. Please keep in mind, gestational diabetes is forerunner of future diabetes. It is probably smart to eat healthy and be active and get to a good and healthy weight even if the blood sugars have returned to normal.
- 9. Is breastfeeding good for the baby? What about contraception?**
Breastfeeding is the best thing that the mother can do for her child. Breast milk has the right proportions of nutrients, boosts child's immunity, does not usually cause excessive weight gain and also allows the mother-baby bond to strengthen. Breastfeeding is great for the mom too! Mothers who breastfeed lose their pregnancy weight faster and are able to control their blood sugars much better. Breast feeding also has been shown to delay or prevent development of diabetes later in the mother. All methods of contraception are safe for women who have had gestational diabetes.
- 10. What can I do to prevent diabetes in me and the baby?**
1. Remember that GDM means you have greater risk of diabetes in the future.
2. Always eat healthy. A low fat, high protein, low carbohydrate, balanced diet with more vegetables, legumes(pulses), millets and fresh fruit. Portion control is very important.
3. Be as active as you can be.
4. Avoid sedentary pursuits like TV watching, sitting for long periods of time.
5. Include plenty of stress busting fun activities with your friends and family.
6. See your doctor regularly for blood sugar check.
7. The most important thing is to pay attention to good nutrition, making sure that the baby is active and that the baby gains only the right amount of weight.
8. Childhood obesity is a forerunner of future Type 2 Diabetes and other health problems.

