Gestational Diabetes Mellitus: An Overview

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Abstract

Diabetes is a risk during pregnancy and diabetes during pregnancy is Gestational diabetes. During pregnancy, blood sugar levels rise to dangerously high levels. Even women who have never been diagnosed with diabetes may be affected. Class A1 and Class A2 are the two categories of gestational diabetes. Diet and exercise can help you control gestational diabetes type A1. Class A2 gestational diabetes, on the other hand, necessitates insulin therapy.

Obesity has been identified as a significant risk factor for gestational diabetes mellitus. GDM must be diagnosed as soon as possible in order to reduce prenatal and neonatal problems. The mother's and newborn's long-term monitoring is critical.

Keywords: Gestational Diabetes Mellitus; Pregnancy; Blood Sugar; Miscarriage; Hypertension; Diet; Exercise.

Introduction

Gestational diabetes mellitus and treatment Recognize common problem of (GDM) in Pregnancy and the condition in which a hormone Made by the placenta prevent the body from using Insulin effectively. Glucose builds up in the blood Instead of absorbed by the cell. Gestational diabetes means high blood sugar levels during pregnancy. In many women, it is a temporary condition that goes away after birth.

Risks Factors

1. Older maternal age.
2. Family history of type-2 diabetes.
3. Obesity in the women.
4. Poor obesity history.
5. The presence of a birth defect in previous Pregnancy
6. Gestational diabetes in previous pregnancy.
7. A previous delivery of a large baby.
8. Wrong eating habits during pregnancy.
9. Previous still-birth or spontaneous miscarriage.
10. A history of pregnancy induced UTI, HTN etc.
11. Previous stillbirth with pancreatic islet hyperplasia revealed on autopsy.
12. Unexplained perinatal loss.
13. Presence of polyhydroniums or recurrent vaginal candidiasis in present Pregnancy.
14. Persistent glycosuria

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Prevention of GDM

Counseling before conception. Diet and exercise for a healthy life style Obesity should be avoided. Obese people that want to lose weight it has the potential

to prevent miscarriage and congenital deformity. Women with PCOS should take metformin before and during pregnancy. Miscarriages in the first trimester are significantly reduced. There was no increase in fetal abnormalities or teratogenicity as a result of the increased live birth rate.

Before Pregnancy

- Identify risk of diabetes and, if high, suggest follow-up with HbA1c testing.
- Provide general lifestyle advice, including the importance of optimising weight and managing overweight and obesity. Management of obesity before, during and after pregnancy is a critical issue in women of childbearing age.
- Discuss smoking cessation and alcohol avoidance.
- Recommend routine laboratory tests.
- Commence folate supplementation at least one month before pregnancy.

Early Pregnancy

- Test for 'diabetes in pregnancy' or dysglycaemia, according to the risk profile.
- Provide general advice about gestational weight gain and healthy lifestyle.
- Commence insulin treatment if required or refer for specialist advice. Urgent referral is to be necessary for overt diabetes.

During Pregnancy

- Test for GDM and provide appropriate management. If in rural or remote practice, consider telemedicine options or shared care.

Postpartum

- Testing
- Follow-up

Long term

- Provide ongoing surveillance for diabetes and metabolic risk factors.
- Facilitate healthy lifestyle for mother and baby.

Conclusion

Gestational diabetes mellitus is common problem in all over the world. Risk stratification and screening is essential to teach all pregnant women for prevention.

Worldwide there are a dramatic increase in the prevalence of overweight and obesity in women of childbearing age. These two overweight and obese women have an increased risk of developing GDM leading to complications during pregnancy, birth and neonatal. The clinical management of obese pregnant women and women with GDM is a challenge and puts additional stress on the healthcare system.

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