

Diabetes and Pregnancy

Your Healthy News – Fertility Newsletter

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Gestational Diabetes

Gestational diabetes is a medical condition in which pregnant women with a previous history of diabetes exhibit high blood glucose (sugar).¹ Gestational diabetes affects approximately 7% of all pregnant women, resulting in more than 200,000 cases each year in the United States.² During pregnancy, hormones provided to the baby by the placenta nourish the development of the baby. These same hormones, however, block the action of insulin in the mother's body; this is called insulin resistance. With insulin resistance the mother's body is not able to use insulin appropriately. Gestational diabetes begins when the mother's pancreas does not make or use all the insulin it needs during pregnancy.¹

Gestational Diabetes Differs From Type 1 and Type 2 Diabetes

Gestational diabetes occurs during pregnancy and typically disappears after the pregnancy. Mothers with gestational diabetes are at increased risk for developing type 2 diabetes later in life. Gestational diabetes is usually controlled by a combination of diet, exercise, and insulin.³

Type 1 or type 2 diabetes is usually diagnosed prior to pregnancy. Type 1 diabetes is controlled by a combination of diet, exercise, and insulin, whereas type 2 diabetes is controlled by a combination of diet, exercise, and diabetes pills or insulin, or both diabetes pills and insulin in addition to diet and exercise.³

Diabetes Effects On Your Child

The extra blood glucose from the mother crosses the placenta resulting in high blood glucose levels in the baby. This causes the baby's pancreas to secrete more insulin. Since the baby is receiving more energy (in the form of glucose) than it needs to develop and grow, the extra energy is stored as fat. This can lead to macrosomia or a "fat" baby. Babies with macrosomia experience their own health problems including damage to their shoulders during delivery, very low blood glucose at birth due to increased insulin, increased risk of breathing problems, and a higher risk for obesity as a child and diabetes as an adult.¹

If you already have diabetes and are trying to get pregnant, follow the steps below to prevent diabetes-related complications during pregnancy.

- Plan your pregnancy.
- Talk to your doctor.
 - Your doctor may need to adjust your diabetes medications to properly control your blood glucose during the pregnancy. It is very important you schedule regular appointments with your doctor before, during, and after your pregnancy to properly manage your diabetes and prevent complications.
- Take your medications as directed by your doctor.
- Check your blood glucose often.
 - Pregnant women with diabetes often have to check their blood sugar six or eight times daily.
- Control and treat low blood glucose.
 - All patients with diabetes, including pregnant women with diabetes, should keep a source of carbohydrates on them at all times, such as glucose tablets or hard candy.³

References

1. American Diabetes Association. Diabetes basics: What is gestational diabetes? <http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html>. [Accessed October 14, 2010]
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4. International Association of Diabetes and Pregnancy Study Groups Consensus Panel. International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy. *Diabetes Care* 2010; 33(3)