

Diabetes in Pregnancy



DIP-Project
Diabetes In Pregnancy - Project



AMD - SID Pregnancy Working Group
"Lombardy Region"

Gestational Diabetes



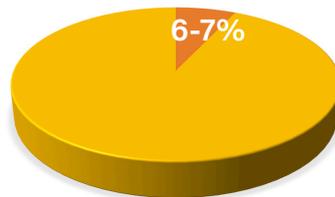
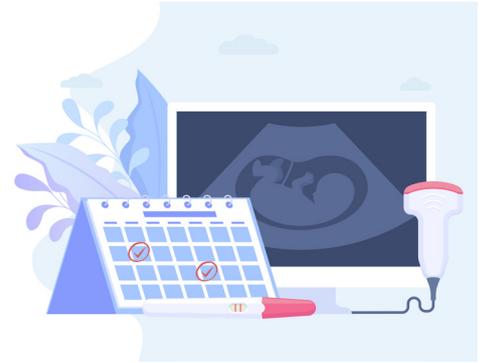


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GESTATIONAL DIABETES

This is a type of diabetes that develops during pregnancy, usually between the **24th and 28th weeks**.

In women with many risk factors, also between the **16th and 18th weeks**.



It occurs in 5-7% of pregnant women and is a disease that in most cases **heals after delivery**.

Gestational diabetes **increases the mother's levels of:**

- Blood sugar (glycemia) on **waking up**
- Blood sugar **after meals**

This occurs because, due to the hormonal changes during pregnancy, a **shortage of insulin** (a hormone that lowers blood sugar) occurs.



If the mother's glycemia is higher than it should be, too much sugar reaches the fetus, but one should rest assured: **gestational diabetes is not transmitted directly to the fetus**.

It is the excess sugar in the blood that **could cause harm** to the baby!

For this reason, it **is very important to treat** this pregnancy disease **carefully**.

If gestational diabetes is not well treated and blood sugar levels remain too high, it could cause:

- **excessive growth of the baby**
(fetal macrosomia, this may necessitate a caesarean section)
- **Fetal malformations**
- **Increased risk of miscarriage** and intrauterine **death**
- **Neonatal hypoglycaemia** immediately after delivery
- **Increased risk of the child to develop diabetes** during his or her lifetime



If blood glycemia remains appropriately low, all these risks are reduced!

Gestational diabetes comes more easily to women who have one or more of these risk conditions:

- **relatives with diabetes**
- **overweight or obesity**
- **age over 35 years**
- **ethnicity at risk** (South Asia, Middle East, Caribbean)
- **Gestational diabetes or a macrosomic fetus (weight greater than 4 kg)** in a previous pregnancy



In most cases, **gestational diabetes heals after delivery.**

However, it may recur in subsequent pregnancies or present again as permanent (type 2) diabetes in the years after pregnancy.

In some cases, however, it may remain even after delivery.

Therefore, it is very important to remember after **delivery to repeat the glucose concentration curve** to check whether it is healed!

You should also try to **reduce the modifiable risk factors of diabetes** to prevent it from recurring out of pregnancies as type 2 diabetes in later years and **check your glycemia periodically**, as your doctor would recommend.



Oral Glucose Tolerance Test

In the next chapters of this Project **you will find recommendations** on how to **manage your gestational diabetes well** through all stages of both pregnancy and its postpartum to ensure the **lowest possible risk** for the mom and her baby!

Managing Gestational Diabetes is a team game; you can always count on the support of your diabetes and gynecology specialist team.



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