

Diabetes in Pregnancy



DIP-Project
Diabetes In Pregnancy - Project



AMD - SID Pregnancy Working Group
"Lombardy Region"

Gestational diabetes therapy





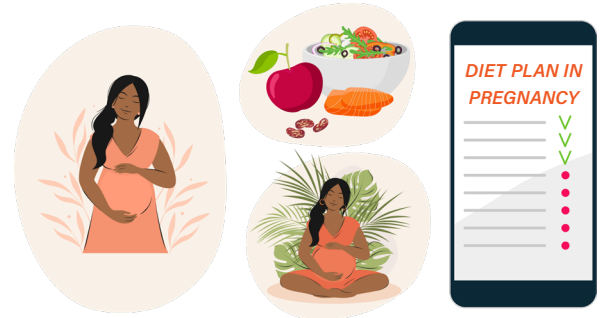
AMD - SID Pregnancy Working Group "Lombardy Region"

GESTATIONAL DIABETES THERAPY

If a diagnosis of gestational diabetes has been made, **a diet** will be prescribed.

Diet and regular exercise can in most cases keep high blood glucose values under control.

If diet and exercise are not sufficient to adequately control gestational diabetes, it is necessary to resort to INSULIN therapy.



INSULIN is the only drug that can be used to treat gestational diabetes; the use of other diabetes drugs is not permitted in pregnancy. Only under special conditions may oral metformin therapy be considered; the diabetologist will suggest it if there is an indication..



INSULIN:

It is administered with small injections under the skin before:

- ***breakfast***
- ***lunch***
- ***dinner***
- ***bedtime***



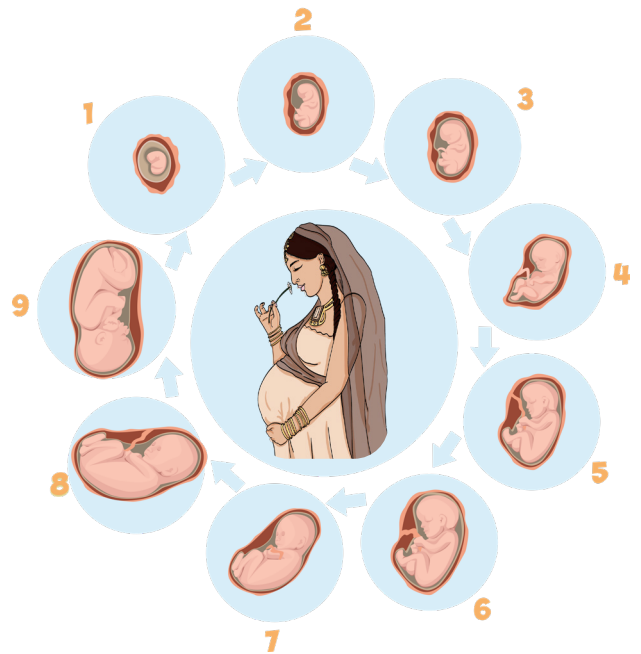
The diabetologist will check when and how often it is needed.

The purpose of ***insulin therapy*** is to ***prevent excessively high blood glucose values*** from causing the baby to ***overgrow, thus complicating pregnancy and birth.***



INSULIN:

- *is safe for mother and baby*
- does not pass through the placenta and therefore has ***no harmful effects on the fetus***
- is not addictive and is ***not a drug***
- it must be continued until delivery, ***then it can be interrupted***

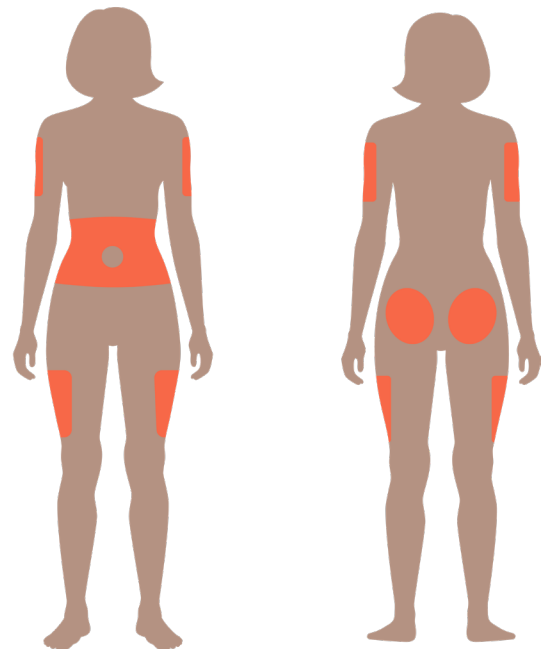


INSULIN INJECTION:

- *is painless*

it is done with ***preloaded pens***, using a very small needle, and can be administered:

- in the abdomen
- in the arms
- in the legs



The nursing staff at your referencecentre will explain in detail how and when to administer the injection according to your doctor's instructions.



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