

Society

S O C I E T Y S A Y S S O

WHAT IS Gestational Diabetes Mellitus (GDM)? Mumbai based physician, endocrinologist, diabetologist, antiaging specialist and obesity consultant attached to Amaaya Clinic and Anjana Multispecialty Clinic, Dr Deepak Chaturvedi, gives us a low down:

- Some physiological alteration occurs in the carbohydrate metabolism in pregnancy.
- Human pregnancy is characterised by increased insulin resistance, which helps to ensure a steady glucose supply to the foetus.
- The hormones, like human placental lactogen, estrogen and progesterone, contribute to this state.
- If these alterations are exaggerated, then there is abnormal glucose tolerance, leading to gestational diabetes.

- Alternatively, pregnancy may unmask an underlying pre-diabetic state.
- It can be diagnosed by a Glucose Tolerance Test (GTT). This can be done during the first visit and then repeated at 24 weeks and then 32-34 weeks.
- Two hours GTT of more than 140mg/dl or above indicates gestational diabetes.
- Obesity, over weight are also causes for GDM.
- A family history of diabetes are risk factors for developing GDM.
- High occurrence in Asians.

How does it affect the mother and the baby?

- Excessive foetal growth (big baby).
- Obstructed labour.
- Increased chances of developing Gestational Hypertension.
- Increased mortality rate of mother and foetus.

- Increased chances of developing overt diabetes in mother (almost 50 per cent).
- Chances of Respiratory Distress Syndrome in baby.
- Increased risk of abortion.

Is there any way to avoid it?

- Weight Control.
- Maintaining your calorie intake.
- Small, frequent meals during pregnancy (balanced diet).
- Avoiding obesity/overweight before conception.
- Staying active throughout pregnancy.
- Pre-conception screening and counselling.

How is it treated?

- Calorie control—30-35 Calories/Kg of present weight.
- Diet should be 50-55 per cent carbohydrate, 20-25 per cent proteins and rest in the form of fat.
- Split daily meals in five to six portions.
- Insulin therapy whenever needed.
- Normal physical activity, plus graduated daily exercise, like walking.
- Monitor bodyweight, blood pressure, haemoglobin, glycosylated haemoglobin, blood sugar and other parameters.
- Foetal development assessment by ultra-sonography.
- Educate the patient and the family about GDM.

It needs to be a team approach comprising a gynaecologist, diabetologist, neonatologist, trained nurse and an educator.

Where is it more common?

- In developed countries, the rate is almost 7 per cent.
- In developing countries, including India, the prevalence is almost 16-17 per cent.
- It seems to happen almost equally in rural and urban areas in India.

GESTATIONAL DIABETES DECODED

