PERSPECTIVE

Diabetes Management

Brief note on gestational diabetes

Riber Woolin*

Received: 03-Jan-2022, Manuscript No. FMDM-21-0001; **Editor assigned:** 05-Jan-2022, PreQC No. FMDM-21-0001 (PQ); **Reviewed:** 19-Jan-2022, QC No. FMDM-21-0001; **Revised:** 18-Jan-2022, Manuscript No. FMDM-21-0001 (R); **Published:** 25-Jan-2022, **DOI:** 10.37532/1758-1907.2022.12(1).282-283

Description

Gestational diabetes is a kind of diabetes that exclusively affects women while they are pregnant. Both the mother and the baby may experience health issues as a result of gestational diabetes. Diabetes management can help the women and baby stay safe. Gestational diabetes is divided into two categories. Diet and exercise can help women with class A1 manage their condition. Those with A2 diabetes must use insulin or other drugs. After delivery, gestational diabetes disappears. However, it has the potential to harm baby's health and increases chance of developing type 2 diabetes later in life.

Symptoms

Gestational diabetes often has no symptoms, or they may be mild, such as being thirstier than normal or having to urinate more often. Gestational diabetes is sometimes related to the hormonal changes of pregnancy that make body less able to use insulin. Genes and extra weight may also play a role.

Causes

The pancreas secretes insulin, a hormone that facilitates in the movement of glucose from the bloodstream to cells, where it is used for energy, when it enters the body in the form of meals.

Throughout pregnancy, the placenta generates hormones that induce glucose to build up in the bloodstream. In most cases, the pancreas can create enough insulin to handle the situation. Blood sugar levels rise and gestational diabetes develops if the body does not create enough insulin or does not utilise it appropriately.

Diagnosis

Between 24 and 28 weeks of pregnancy, a doctor will test the woman for gestational diabetes.

Department of Medicine, Istanbul University, Istanbul, Turkey *Author for correspondence: Email- riberw@yahoo.com The oral glucose tolerance test and the glucose challenge test are two of the tests available (OGTT). Will return for an OGTT test to confirm the diagnosis of gestational diabetes if the glucose challenge test results show high blood glucose.

Management

Managing gestational diabetes includes following a healthy eating plan and being physically active. If eating plan and physical activity aren't enough to keep blood glucose in your target range, and may need insulin.

Difficulties

Gestational diabetes (GD) can increase chances of developing:

➢ High blood pressure and preeclampsia: Gestational diabetes increases chance of high blood pressure and preeclampsia, a critical pregnancy condition that produces high blood pressure and other symptoms that can endanger both the mother and the baby's lives.

- Having a surgical delivery (C-section)
- ➢ Future diabetes

Prevention

When it comes to preventing gestational diabetes, there are no guarantees, but the more good habits can develop before becoming pregnant, the better. If you've had gestational diabetes before, making these smart choices could lower the chances of getting it again in future pregnancies or developing type 2 diabetes.

Healthy foods: Choose foods high in fiber and low in fat and calories. Fruits, vegetables, and whole grains should be prioritised. To help attain person goals without sacrificing taste or nutrition, strive for variety.



Woolin

Keep body active: Exercising before and during pregnancy can help to avoid gestational diabetes. On most days of the week, aim for 30 minutes of moderate activity. Take a daily brisk stroll. Take a

ride on bicycle. Do laps in the pool. Short spurts of exercise, such as parking further away from the store or taking a short walk break.