Future risk of pre-diabetes and gestational diabetes

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Description

■ Prediabetes

When blood glucose levels are above normal but not high enough to be classified as diabetes, prediabetes is present. Risk of heart disease, stroke, and type 2 diabetes could all rise as a result of this over time. Due to the difficulty in identifying prediabetes symptoms, a large number of people have the condition but are unaware of it.

According to the U.S. Centers for Disease Control, 79 million American individuals over 20 are prediabetic. Adults with prediabetes are becoming more prevalent as the population ages, gets heavier, and becomes less active. This disorder is becoming more common in young individuals. Typical risk elements include:

A family history of type 2 diabetes-being overweight or obese

• Not getting enough exercise

• Being 45 years of age or older

• Having experienced gestational diabetes

• Having given birth to a child weighing more than 9 pounds

A healthy diet that is high in vegetables and fruits and low in fat and processed foods is one of the best ways to prevent prediabetes. It's also crucial to engage in regular physical activity, ideally for 30 minutes five days a week. Maintaining a healthy weight or, if the person having overweight, decreasing 5–10% of weight, can also be beneficial.

A few medications have been shown to reduce the chance of getting diabetes if the person having prediabetes in addition to lifestyle adjustments. The greatest solution to this issue is lifestyle change because these medications do have adverse effects and their benefits end when stop using them.

■ Gestational diabetes

A woman may experience Gestational Diabetes, a transient form of diabetes, while she is pregnant. The placenta generates hormones throughout pregnancy that aid in the development of the foetus. Additionally, these hormones prevent the body's response to insulin, raising the woman's blood sugar levels. Most gestational diabetic women exhibit no symptoms.

A pregnant women who has high blood sugar will need to stick to a particular diet for the duration of her pregnancy. She might occasionally also require insulin. Gestational diabetic women who have high blood sugar levels risk harm to both the mother and the foetus.

Premature birth, preeclampsia (high blood pressure brought on by pregnancy), and an excessively large infant. Large newborns run the risk of being caught in the birth canal and suffering birth trauma. Large size may result in stillbirth and increases the likelihood that a caesarean (surgical) delivery may be necessary. A infant with uncontrolled gestational diabetes is

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also more likely to have jaundice and respiratory issues. The newborn may experience low blood sugar (hypoglycemia), a potentially harmful condition, after birth. The mother's elevated blood sugar throughout pregnancy causes the baby's pancreas to release a lot of insulin, and it continues to do so even after birth. Excess insulin can result in the baby's own glucose level falling too low without the mother's sugar supply.

In the US, 4 to 8 out of every 100 pregnant women have gestational diabetes. The illness can occur in any pregnant woman, but some have a higher risk than others. As many as 14 in 100 women with the risk factors listed below go on to develop gestational diabetes. Known risk elements consist of:

• Age (older than 25 years; the risk is even greater after age 35)

• Overweight and obesity

• Personal history of gestational diabetes or prediabetes

• Having delivered a baby weighing more than 9 pounds

• Family history of type 2 diabetes (in parents or siblings)