

Gestational diabetes: Causes, symptoms, and management

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Description

Gestational diabetes is a type of diabetes that occurs during pregnancy. It affects approximately 10% of pregnant women in the United States and is associated with various complications for both the mother and the baby. In this article, we will discuss the causes, symptoms, and management of gestational diabetes.

■ Causes

Gestational diabetes occurs when the body cannot produce enough insulin to meet the increased demands of pregnancy. Insulin is a hormone that helps regulate blood sugar levels. During pregnancy, the placenta produces hormones that can interfere with insulin's action, leading to insulin resistance. As a result, blood sugar levels can rise, leading to gestational diabetes.

There are also certain risk factors that can increase a woman's likelihood of developing gestational diabetes. These include being overweight or obese before pregnancy, having a family history of diabetes, being over the age of 25, and having had gestational diabetes in a previous pregnancy. Ethnicity can also play a role, with women of Hispanic, African American, Native American, and Asian descent being at higher risk.

■ Symptoms

Unlike other types of diabetes, gestational diabetes may not have any noticeable symptoms. However, some women may experience the following:

- Increased thirst

- Frequent urination
- Fatigue
- Blurred vision

It is important to note that these symptoms are not unique to gestational diabetes and can occur for a variety of reasons. Therefore, it is important to undergo screening for gestational diabetes as recommended by your healthcare provider.

All pregnant women should undergo screening for gestational diabetes between 24 and 28 weeks of pregnancy. This typically involves drinking a sugary drink and having your blood sugar levels tested one hour later.

The gold standard for diagnosis of gestational diabetes is the Oral Glucose Tolerance Test (OGTT). This involves drinking a sugary drink and having blood sugar levels tested at many various intervals over the course of a few hours. If blood sugar levels are consistently high during the test, may be diagnosed with gestational diabetes.

The primary goal of managing gestational diabetes is to keep blood sugar levels within a target range. This can help reduce the risk of complications for both the mother and the baby. Here are some ways that gestational diabetes can be managed

Dietary changes: Eating a balanced diet that is low in refined carbohydrates and high in fiber can help regulate blood sugar levels. This may



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involve working with a registered dietitian to develop a meal plan that meets your nutritional needs while also controlling blood sugar levels.

Physical activity: Regular physical activity can help improve insulin sensitivity and regulate blood sugar levels. Healthcare provider may recommend an exercise plan that is safe and appropriate for stage of pregnancy.

Medications: In some cases, medications such as insulin or oral hypoglycemic agents may be needed to control blood sugar levels.

Monitoring: Regular monitoring of blood sugar levels can help identify fluctuations and allow for prompt intervention if needed. This may involve

checking blood sugar levels at home using a glucometer.

Fetal monitoring: Gestational diabetes can increase the risk of certain complications for the baby, such as macrosomia (a large birth weight). As a result, healthcare provider may recommend more frequent ultrasounds to monitor fetal growth.

In some cases, gestational diabetes may resolve on its own after the baby is born. However, women who have had gestational diabetes are at increased risk of developing type 2 diabetes later in life. Therefore, it is important to undergo regular screening for diabetes after pregnancy.