

Lifestyle changes during pregnancy to avoid gestational diabetics

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Description

Preeclampsia, preterm labour, the need for labour induction, and caesarean delivery are just a few of the maternal complications of pregnancy that are linked to Gestational Diabetes Mellitus (GDM), in addition to increased long-term risks of type 2 diabetes, metabolic syndrome, and cardiovascular disease. The risk of problems in the child, such as stillbirth, macrosomia, birth trauma, and long-term risk of metabolic disease, is increased by intrauterine GDM exposure. The presence of GDM in a previous pregnancy is one of the biggest risk factors for developing GDM. However, no adequately powered trial has examined the effects of a maternal lifestyle intervention before pregnancy to reduce body weight and prevent GDM recurrence. However, preliminary data from epidemiologic and bariatric surgery studies suggest that reducing body weight before pregnancy can prevent development of GDM.

Gestational Diabetes Prevention main goal is to ascertain whether a lifestyle change to lose weight prior to becoming pregnant would lower GDM recurrence. This two-site research aims to enrol 252 overweight and obese women who have a history of GDM and who want to become pregnant again within the following three to five years. Women are randomly assigned within

site to either an educational control group or a complete pre-pregnancy lifestyle intervention to induce weight loss with continued therapy until conception. Preconceptionally (at study enrollment, after 4 months, and at quick check-ins until conception), during pregnancy (at 26 weeks' gestation), and six weeks following delivery, participants are evaluated. Fasting glucose, indicators of inflammation, and GDM recurrence are the primary and secondary endpoints, respectively.

The first randomized controlled experiment to assess the effectiveness of a lifestyle modification given before pregnancy to prevent GDM recurrence is titled gestational diabetes prevention. If successful, the proposed lifestyle intervention could pave the way for the relocation of current treatment strategies to the interconception period and the provision of evidence-based preconception counseling to improve reproductive outcomes, prevent GDM and related health risks, and promote healthy pregnancy.

A frequent pregnancy condition known as Gestational Diabetes Mellitus (GDM) is thought to afflict 7.6% of pregnant women in the US. In addition to having higher short- and long-term risks of type 2 diabetes, metabolic syndrome, renal disease, and cardiovascular disease, women with GDM also have higher risks for preeclampsia,

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premature labour, the requirement for labour induction, and caesarean birth. According to estimates, type 2 diabetes will strike 15-25% of women with prior GDM within the first year or two after giving birth, 2-5, and 35%-70% within the next ten years. Intrauterine exposure to maternal GDM increases the risk of many different short- and long-term health issues in the progeny and may contribute to an obese cycle.

Birth trauma, respiratory distress syndrome, newborn hypoglycemia, and death have all been linked to exposure to GDM. The likelihood of extra fetal growth in utero, higher newborn fat mass, neonatal macrosomia, and higher childhood obesity prevalence (>90th percentile) through adolescence are all increased by GDM. The presence of GDM in a previous pregnancy is one of the biggest risk factors for developing GDM.

GDM will return in between 40 and 73% of women who have already had it. A woman's risk of developing GDM in a subsequent pregnancy is increased 3 to 10 times if she has had GDM in the past. Prenatal and postnatal problems, as well as long-term risks of type 2 diabetes, metabolic syndrome, renal illness, and cardiovascular disease, are all three times more likely to occur in women with subsequent pregnancies affected by GDM. Prenatal weight loss may be the key to preventing GDM recurrence, according to promising preliminary evidence from epidemiologic and retrospective bariatric surgery studies. According to recent studies, it is possible to attract women before they become pregnant and encourage significant weight loss prior to conception. Women with prior GDM who get lifestyle counseling before to conception may take advantage of a teachable moment.