

Management of diabetes during pregnancy: Types, risks and complications

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Description

Pregnancy is a transformative journey filled with anticipation, joy, and a heightened focus on health. For women with diabetes, this period brings unique challenges that require careful management and collaboration with healthcare professionals. Diabetes in pregnancy, whether pre-existing or gestational, demands special attention to ensure the well-being of both the mother and the developing baby. This article discusses about complexities of diabetes in pregnancy, exploring its types, potential risks, and strategies for effective management.

■ Types of diabetes in pregnancy

Pre-existing diabetes: Women who enter pregnancy with pre-existing diabetes, either type 1 or type 2, face the challenge of managing blood sugar levels during gestation.

Preconception care is crucial to optimize glucose control before conception, reducing the risk of complications.

Gestational Diabetes (GDM): GDM is a form of diabetes that develops during pregnancy, usually around the 24th to 28th week.

While it typically resolves after childbirth, it poses risks for both the mother and the baby and may increase the likelihood of developing type 2 diabetes later in life.

■ Potential risks and complications

Maternal risks: Uncontrolled diabetes in pregnancy can lead to an increased risk of preeclampsia, a condition characterized by high

blood pressure and organ damage. Gestational diabetes may predispose women to the development of type 2 diabetes post-pregnancy.

Fetal risks: Poorly managed diabetes can result in macrosomia (large birth weight), increasing the risk of birth injuries during delivery. Babies born to mothers with diabetes may be at a higher risk of respiratory distress syndrome, low blood sugar (hypoglycemia), and jaundice.

Both pre-existing diabetes and gestational diabetes can have lasting effects on the health of both the mother and the child. The child may be at an increased risk of developing obesity and type 2 diabetes later in life.

■ Management strategies

Preconception planning: Women with pre-existing diabetes should engage in preconception care to optimize blood sugar levels before becoming pregnant. This includes close monitoring of blood glucose, adjustment of medications under medical supervision, and addressing other health factors.

- Continuous monitoring of blood sugar levels is crucial during pregnancy.
- Healthcare providers may recommend more frequent prenatal visits and additional tests, such as glycated hemoglobin (HbA1c), to assess long-term glucose control.
- A well-balanced diet tailored to individual needs is essential for managing diabetes in pregnancy.
- Monitoring carbohydrate intake and

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spreading meals throughout the day can help regulate blood sugar levels.

- Insulin may be prescribed to women with diabetes in pregnancy to achieve optimal blood glucose control.
- Oral medications commonly used to manage diabetes may not be suitable during pregnancy.
- Regular, moderate-intensity exercise is beneficial for both glycemic control and overall well-being during pregnancy.
- Consultation with healthcare providers is essential to develop a safe and effective

exercise plan.

Diabetes in pregnancy presents unique challenges, but with careful management and a collaborative approach between the mother and healthcare team, successful outcomes are achievable. Regular monitoring, preconception care, and lifestyle modifications play pivotal roles in ensuring the health and well-being of both the mother and the developing baby. Through education and support, women with diabetes can navigate the complexities of pregnancy, embracing the transformative journey with confidence and care.