



Gestational Diabetes

1 in 5 pregnant women suffer from gestational diabetes. Here's what you need to know to prevent it from happening to you. ■ WORDS **CHRISTEL GERALYN GOMES**

Gestational diabetes is fairly common during pregnancy. In general, 15 per cent of pregnant women develop it, but in Singapore, the numbers are slightly higher: 1 in 5 pregnant women. *Motherhood* checks in with the experts to help you understand the condition and find out how you can prevent it.

What is Gestational Diabetes?

Dr Watt Wing Fong, specialist in obstetrics and gynaecology at Raffles Women Centre explains that gestational diabetes (GDM) is diabetes that develops during pregnancy (usually in the twenty-fourth to twenty-eighth week), and which resolves naturally after delivery.

Jaclyn Reutens, dietitian at Aptima Nutrition & Sports Consultants explains further, "During pregnancy, your body naturally becomes more resistant to insulin as hormonal changes trigger your pancreas to secrete more of it. Insulin helps the body to use glucose as fuel and regulate glycemic control. If the

body cannot cope with this increased demand for insulin, blood sugar levels remain high resulting in gestational diabetes," she says.

As far as type and effect goes, there is no difference between gestational diabetes and normal (type 2) diabetes, adds Reutens. "The only difference is that GDM can only be diagnosed during pregnancy. Management is the same. Some mothers may have to take insulin injections if it becomes serious and unmanageable," she says.

However, in cases where the woman already has preexisting diabetes, special attention must be paid, as the mother remains diabetic throughout her pregnancy, says Associate Professor Tan Lay Kok, senior consultant at the Dept of Obstetrics and Gynaecology at SGH. "This is, therefore, more serious than GDM as the first trimester of pregnancy occurs in a diabetic environment. Pregnancies with poor diabetic control run a higher risk of miscarriage and foetal abnormalities affecting the central nervous system and heart," he adds.

How does GDM Affect Pregnancy?

Although GDM resolves after pregnancy, this is not to say that one shouldn't worry about developing it as it can cause a host of complications to both mother and baby.

According to Dr Watt, "Babies born to GDM mothers may be bigger than normal, resulting in an increased risk of a difficult delivery or birth trauma. There is an increased risk of early delivery, and babies are more likely to

have low blood sugar following birth and a higher chance of jaundice. The risk of stillbirth is also increased. When the babies become adults, they have a higher risk of being obese and having type 2 diabetes as well."

There is also a risk to the mother during pregnancy. AP Tan adds, "GDM also increases the risk of developing preeclampsia (causing high blood pressure, kidney damage and other problems). Vaginal yeast infections and urinary tract infections can be more common particularly in poorly controlled GDM."

Who is at Risk?

Gestational diabetes can happen to anyone, but some women are at higher risk than others. Dr Marilyn Lee, consultant physician and endocrinologist at Khoo Teck Puat Hospital, and member of Ladies First, an all-female social group, explains that obese women, or those with a body mass index (BMI) of more than 25, those with history of gestational diabetes in a previous pregnancy, those who have had a baby with birth weight of 4kg or more, those with family history of diabetes in first-degree relatives and those who are ethnically South Asian, Chinese, African-Caribbean or Middle Eastern are all at higher risk.

How will I Know if I have it?

Unfortunately, GDM does not show visible symptoms, confirms Dr Claudia Chi, consultant at NUH Women's Centre, which is why testing for it

during pregnancy, is now protocol. "Previously testing for gestational diabetes was offered to women with risk factors. A study of over 1,000 pregnant women in Singapore later found that testing women with risk factors only could potentially fail to detect half of all women with gestational diabetes. Consequently, testing for gestational diabetes is becoming routine."

A GDM diagnosis is confirmed by doing an oral glucose tolerance test (OGTT), says AP Tan. "This involves the woman having to do an overnight fast, then having a first blood sample drawn for glucose measurement, followed by drinking a specified sugary drink, and having a second and third blood sample one and two hours later. There are cut-off levels for making the diagnosis. This test is usually performed around 28 weeks. However, your obstetrician may decide to do this earlier if he suspects that you may be having diabetes earlier; for example if your urine analysis consistently shows the presence of glucose."

If a woman is found to have GDM during her pregnancy, but the condition persists after delivery, it means that the woman actually had undiagnosed pre-existing diabetes that was only picked up during her pregnancy, adds AP Tan.

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What are Some Preventive Measures?

Although it is not possible to fully prevent the development of gestational diabetes, adopting a healthy lifestyle before and during pregnancy can reduce your risk of both GDM as well as developing type 2 diabetes after delivery, says Dr Chi. She advises that women eat food that is high in fibre and low in fat and refined sugars.

Tan Ai Shan, senior dietitian at the Department of Dietetics in SGH agrees, adding that the kind of carbohydrates consumed directly affects blood sugar levels. The three main types of carbohydrates are starch, sugar and fibre. "In women with gestational diabetes, the quality of carbohydrates consumed matters greatly as the glycaemic response to both sugars and starches differ," says Tan. A session with the dietitian at your hospital will help you plan your meals and foods more effectively.

EAT RIGHT

Dietitian, Jaclyn Reutens shares some eating tips with us.

- 1** Eliminate all sweetened drinks including fruit juices. Drink plain water instead.
- 2** Cut out sweets, desserts and other sugary foods.
- 3** Keep saturated fat intake low by avoiding creamy sauces, butter, coconut milk, fatty meats and deep-fried foods.
- 4** Eat steamed food or lightly cooked dishes in a small amount of oil.
- 5** Stick to lean protein options such as tofu, beans, lentils, chicken breast without skin, lean pork, lean beef, eggs and low-fat dairy products.

Besides healthy eating, doing regular exercises with the aim of achieving 30 minutes of moderate activity such as swimming and brisk walking on most days of the week will also be helpful. "If you are overweight, losing weight through healthy eating and exercise before pregnancy can reduce your chance of developing gestation diabetes. Weight loss is not recommended in pregnancy but avoiding excessive weight gain can help," Chi adds. Dr Watt concurs and advises that post-pregnancy, this be kept up.

"However, sometimes it is not possible to prevent GDM," Dr Watt says, and in such cases, all that can be done is to monitor blood sugar levels closely. For women who have gestational diabetes, Dr Watt advises that you eat smaller meals with a small snack between each meal, and increase your activity level post-meals. 

