

Managing diabetes during pregnancy

Consultant obstetrician and gynaecologist Freda Khoo sheds light on gestational diabetes and how it can affect both mother and baby



Gestational diabetes can be managed to encourage a healthy delivery. PHOTO: GETTY IMAGES

Unlike other types of diabetes, gestational diabetes is a condition that develops during pregnancy, usually in the second or third trimester. The release of certain insulin-resistant hormones by the placenta leads the body's cells to be less responsive to the effects of insulin. After a carbohydrate-rich meal, the body's cells are less able to absorb glucose from the bloodstream, leading to a high blood glucose level.

Dr Freda Khoo, consultant obstetrician and gynaecologist at Mount Alvernia Hospital shares more on how the condition affects mother and baby, and how it can be managed.

Q How does gestational diabetes affect my pregnancy and the baby?

For the pregnant mother, there is an increased risk of developing high blood pressure and pre-eclampsia, which is high blood pressure that occurs only in pregnancy, and can cause damage to organs, typically the liver and the kidneys.

As uncontrolled gestational diabetes can lead to larger-than-average babies, there is also an increased risk of caesarean section or instrumental deliveries.

Uncontrolled gestational diabetes may also increase the risk of a premature birth. Other potential complications at birth include serious breathing difficulties and low blood sugar – which might result in the baby having seizures. The baby may also have a higher risk of obesity and developing Type 2 diabetes later in life.

In the long term, there is an increased risk of having another pregnancy with gestational diabetes and developing Type 2 diabetes later in life.

Q How can I better manage gestational diabetes during my pregnancy?

Women with gestational diabetes should follow their doctor's advice to achieve a desirable pregnancy outcome. Compliance to treatment and strict blood

sugar control is essential for the safe birth of a healthy baby.

Most gestational diabetes can be controlled with lifestyle changes. Eliminate foods high in sugar and refined carbohydrates such as white rice, white bread, pasta and desserts; reduce carbohydrate portions; and consume more protein, fruits and vegetables. The details of your diet should be discussed with your doctor. Regular exercise is also essential in keeping the blood sugar levels constant.

Keep a record of your blood sugar levels with a glucose monitoring device and adhere to the recommended ranges.

If diet modifications and exercise are not effective enough in maintaining the sugar levels within the recommended range, some patients may need to be started on insulin or diabetic medications.

Q What post-pregnancy implications are there?

It is important to visit your doctor at least six weeks after delivery to repeat the test for gestational diabetes done during pregnancy. This is to confirm that the condition has resolved. If the result is still abnormal, it may mean there was undiagnosed pre-existing diabetes before pregnancy.

Post-pregnancy, it would be highly encouraged to continue with the lifestyle changes of diet and regular exercise learnt while managing gestational diabetes in pregnancy. This would do well in preventing diabetes later in life.



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