

Effect of Diabetes in Pregnant Women

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DESCRIPTION

Diabetes is a disorder in which the body is unable to convert the sugars and starches (carbohydrates) it consumes as food into energy. The body produces no insulin, produces insufficient insulin, or cannot utilize the insulin produced to convert sugars and carbohydrates into energy. As a result, excess sugar accumulates in the blood. Gestational diabetes occurs when your blood sugar levels rise during pregnancy. Each year, it affects up to 10% of pregnant women in the United States. Pregnant women who have never been diagnosed with diabetes are at risk. Gestational diabetes is classified into two types. Women with type 1 can manage their condition with diet and exercise. Those with type 2 diabetes must use insulin or other drugs. Pregnant women with type 1 diabetes are more likely to have a preterm birth. The risk increases as blood sugar levels rise; however, women who keep their blood sugar levels within the recommended range risk giving birth prematurely. The study shows a definite link between high levels of blood glucose (HbA1c) in the mother and the risk of cardiac abnormalities in her child. Even women who followed current standards had an increased, if still minor, risk of heart abnormalities. According to the findings, 3.3 percent of pregnant women with type-1 diabetes and blood glucose levels within the therapeutic range had a child with a heart abnormality. The comparable percentage for women who did not have diabetes was 1.5 percent.

After giving birth, gestational diabetes disappears. However, it can harm a baby's health and increase the chances of developing type-2 diabetes later in life. People may take precautions to keep themselves and their babies healthy. Women with gestational diabetes may not have symptoms or may attribute them to pregnancy. Most people discover they have it during a regular test. They may have noticed: more thirst, hunger, and urinate more than normal. Risks of gestational diabetes: Being overweight before becoming pregnant, Having blood sugar levels

that are greater than normal but not high enough to be diagnosed as diabetes (this is called prediabetes), Having a diabetic family member, Having gestational diabetes previously, Having polycystic ovarian syndrome (PCOS) or another health issue associated with insulin resistance, Having hypertension, high cholesterol, heart disease, or other medical complications. Giving birth to a baby (weighing more than 9 pounds), having a miscarriage, or giving birth to a stillborn baby with specific birth problems might lead to gestational diabetes. Since glucose in the mother's blood crosses the placenta to give energy to the baby, high blood glucose levels in the mother also result in high blood glucose levels in the growing fetus.

High blood glucose levels causing several issues

High glucose levels early in pregnancy raise the risk of pregnancy loss and fetal abnormalities. These hazards are greatest when glycated hemoglobin (hemoglobin A1C or A1C) is greater than 8% or average blood glucose is greater than 180 mg/dL (10 mmol/L). As hemoglobin A1C levels rise above 8%, the risk of congenital abnormalities rises in a stepwise manner. High blood glucose levels in the second part of pregnancy and near delivery might cause the baby's size and weight to be greater than normal, increasing the risk of problems during and after birth. Individuals with big kids, in particular, are more likely to have trouble with a vaginal birth and are more likely to require a cesarean birth. Individuals with diabetes are more likely to develop pregnancy-induced hypertension (preeclampsia and gestational hypertension) and an excess of amniotic fluid in the second part of pregnancy (polyhydramnios). In late pregnancy, high blood glucose levels can also raise the chance of stillbirth. Since these issues are less common when blood glucose levels are adequately regulated, it is critical to keep blood glucose levels as well controlled as possible before conception and during pregnancy.

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