

Impact of Diabetes in Pregnant Women

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DESCRIPTION

Gestational diabetes is defined as diabetes that develops during the pregnancy. Some women have more than one pregnancy are affected by diabetes which may disappear after the pregnancy ends. More than half of women with gestational diabetes will develop Type 2 diabetes later in life. If not treated, gestational diabetes can cause the baby to grow very large and cause complications during delivery for both the mother and the baby. Gestational diabetes can be managed through diet and exercise, or it can be treated with insulin. Type 1 and Type 2 diabetes, if not controlled before and during pregnancy, can result in miscarriage or birth defects. The mother is also more unsafe to problems like high blood pressure, kidney disease, and blindness.

When a diabetic woman becomes pregnant, their blood sugar levels can fluctuate dramatically due to the pregnancy hormones. She may miscarry or have a baby with birth defects if their sugar levels are not well controlled around the time of conception. She is also more likely to develop high blood pressure. High blood pressure during pregnancy can cause a baby to be born prematurely as well as complications for the mother. Amniotic fluid levels can grow exponentially, resulting in premature labor. The main issue, that a pregnant woman with uncontrolled diabetes faces is that their baby grows too large. This increases the risk of complications during delivery. Most women with gestational diabetes have healthy babies, especially if they control their blood sugar, eat a healthy diet, engage in regular, moderate physical activity, and gain the appropriate amount of weight. However, in some cases, the condition can have an impact on the pregnancy. Keeping glucose levels under control may help to prevent certain complications associated with gestational diabetes.

Some of the risk factors for gestational diabetes include insufficient obesity and being overweight, physical activity, a previous history of gestational diabetes or pre-diabetes, Polycystic Ovary Syndrome (PCOS), diabetes in an immediate family member, and a previous history of delivering a baby weighing more than 4.1 kgs. Excess weight gain prior to pregnancy is frequently a factor in the development of this condition. Several hormones work together to keep blood glucose levels stable.

When food is broken down into glucose, insulin transports the glucose to the cells. However, during pregnancy, hormonal changes cause insulin resistance, making it difficult for the body to use blood glucose efficiently. As a result, gestational diabetes develops.

Prevention

There are no specific factors that contribute to gestational diabetes prevention, but adopting healthier habits before pregnancy certainly helps a lot. If the patient has a history of gestational diabetes, these measures may reduce the risk of developing it again during pregnancy.

By eating healthy foods: By choosing foods that are high in fibre and low in fat and calories. Fruits, vegetables, and whole grains should be prioritised. Patients should look for various ways to help them achieve their goals while not sacrificing taste or nutrition.

By staying active: Exercising on a daily and consistent basis, particularly before and during pregnancy, can help protect patients from developing gestational diabetes. On most days of the week, the pregnant women should walk for at least half an hour combined with a few activities in a day. Cycling and swimming are two other activities that help patients stay active.

By starting the pregnancy at a healthy weight: If the patient is planning to conceive, losing excess weight prior to conception aids in a normal and healthier pregnancy. It is important not to gain more weight than is recommended, as doing so too quickly can increase the risk of developing gestational diabetes.

CONCLUSION

Gestational diabetes is most likely caused by a complex and variable interaction of genetic, environmental, maternal, and feto-placental factors. To develop effective treatments and prevention strategies, a better understanding of molecular mechanisms and their role in gestational diabetes is required. After giving birth, most women's blood sugar levels drop and their hormone levels return to normal. However, approximately 50% of women who develop gestational diabetes later in life

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develop Type 2 diabetes. Diet and exercise can both help to reduce the risk for the pregnant women. To check for diabetes,

the blood glucose tests should be done for every six to twelve weeks after pregnancy.