



Diabetes in Pregnancy

Ensuring positive outcomes for mother and baby

by Dr Dharshini Gopalakrishnakone

Diabetes mellitus (DM) is considered the most common pre-existing medical disorder complicating pregnancy. Type 1, type 2 and gestational diabetes affect 2%-5% of pregnancies. Gestational diabetes is the form of diabetes that is first discovered in a pregnant woman at around 28 weeks of gestation. Once diagnosed, the focus should be on relaying adequate and succinct information, advice and support to help reduce the risks of adverse pregnancy outcomes for the mother and the baby.

Pre-existing Diabetes Mellitus

In women with pre-existing diabetes, a thorough review should be conducted before becoming pregnant, including glycaemic

targets, glucose monitoring, medication and screening for complications. Pre-conception care and good glucose control before and during pregnancy can reduce the risks of DM.

If it is safely achievable, women with diabetes who are planning to become pregnant should aim to maintain their HbA1c below 6.1%. Women should be reassured that any reduction in HbA1c towards the target of 6.1% is likely to reduce the risk of congenital malformations.

Women with pre-existing poorly controlled DM should delay pregnancy because of the risk of progression of microvascular complications including retinopathy and nephropathy. Poor glycaemic control in the first trimester is associated with the progression of retinopathy. Worsening nephropathy can affect maternal blood pressure, and nephropathy with superimposed pre-eclampsia is the most common cause of preterm delivery in women with diabetes.

Pregnancy causes a physiological reduction in insulin action. This means that women with diabetes have an increased requirement for insulin during pregnancy.

Gestational Diabetes Mellitus (GDM)

GDM is usually diagnosed at around 28 weeks of gestation using the OGTT (Oral Glucose Tolerance Test). Lifestyle advice including dietary modification is the primary intervention in all women diagnosed with gestational diabetes. The hypoglycaemic counts are then monitored using 7-Point BSP (blood