



Gestational diabetes 妊娠性糖尿病(英文)

Gestational diabetes (or gestational diabetes mellitus, GDM)

When a woman is not diagnosed of diabetes but exhibits high blood pressure level during pregnancy, it is often the condition of gestational diabetes.

1. Classification

- Pre-gestational Diabetes either type I or type II
- Gestational diabetes: diabetes that develops during pregnancy

2. Complications of Diabetes in pregnancy

- Maternal
 - i. Polyhydramnios: from fetal polyuria
 - ii. Nephropathy: common in pregestational diabetes, increasing the risk of preeclampsia
 - iii. Retinopathy: occurs after several years of pregestational diabetes, often deteriorates during pregnancy
 - iv. Diabetes ketoacidosis: May occur at lower glucose concentration
- Fetus
 - i. Fetal demise: increased spontaneous miscarriage and fetal death in utero
 - ii. Respiratory distress syndrome
 - iii. Macrosomia (>4000-4500 g)
 - iv. Fetal hypoglycemia
 - v. Hyperbilirubinemia
 - vi. Polycythemia
 - vii. Hypocalcemia

3. Screening glucose challenge test

- All patient screened between 24 and 28 weeks.
- With 75gm high concentration sugar water and keep fasting before test 4-6 hours.
- 2 hours(75gm) Oral glucose tolerance test

Time	National Diabetes Data Group(mg/dl)
fasting	92
1	180
2	153

4. Intra-partum management

- Nutritional counseling differs individually and it varies with patients' weight and height.
- fasting glucose levels should be under 105 mg/dl. or 2-hr post-meal sugar level should be under 120mg/dl, if not, pharmacologic treatment was suggested(insulin administration)
- Fetal evaluation
 - fetal activity assessment, NST(non-stress test: a 20-minutes-test of fetal movement and fetal heart beat relation) beginning at 32-34 wks
 - Ultrasound : first time at 18-20 weeks, and the second time is at 30-32 weeks
 - Insulin treatment: It is usually recommended that oral hypoglycemic agents be discontinued once pregnancy is diagnosed
 - Exercises like swimming and bicycle riding are highly recommended; however, riding bicycles is inappropriate toward the last stage of the pregnancy, simple walk is recommended.

5. During labor care

- Maintain euglycemia(normal sugar level) during labor
- Sugar control with Insulin drip and check sugar every hour in labor

6. Postpartum management

- Home glucose monitoring
- Diet instruction
- Prevention of hemorrhage and infection
- Regular postpartum blood sugar trace, and sugar test within 6 wks of delivery
- Breastfeeding encouraged

若有任何疑問，請不吝與我們聯絡
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