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WHAT IS GESTATIONAL DIABETES?

Gestational diabetes is a type of diabetes (high blood sugar level) that can develop in women during the second half of pregnancy. It usually disappears after the pregnancy is over.



RISK FACTORS FOR GESTATIONAL DIABETES

Any woman can develop gestational diabetes, but you may be at greater risk if you:

- Are more than 25 years old
- Are overweight or obese
- Have a family history of diabetes
- Have a history of gestational diabetes

WARNING SIGNS AND SYMPTOMS

Women with gestational diabetes usually have no symptoms, but they can develop high blood pressure during pregnancy.

Untreated gestational diabetes can increase the mother's risk of having a large baby and therefore increases the chances of a difficult delivery. The baby can also have breathing problems and low blood glucose right after birth.

DIAGNOSIS

To see if you have diabetes, your doctor may give you a One-Hour Glucose Loading Test (GLT). This test requires one blood draw one hour after the sugar ingestion.

If the One-Hour Glucose Loading Test (GLT) result is between 135 to 184, you will have to do a Three-Hour Glucose Tolerance Test (GTT). You will fast for eight hours and then your glucose levels will be drawn while fasting. Afterwards, your glucose levels will be drawn hourly for three hours.

If the One-Hour Glucose Loading Test (GLT) result is above 185, you will not be asked to do the Three-Hour Glucose Tolerance Test (GTT).

TREATMENTS

To treat gestational diabetes, your goal is to monitor blood glucose level. You can do the following:

- See your doctor regularly
- Eat a balance and carbohydrate-controlled diet
- Exercise regularly
- Test and monitor blood glucose levels regularly
- Take your insulin injection if needed
- Get tested for diabetes after pregnancy

Even if gestational diabetes goes away after the baby is born, it's important to continue to exercise and eat a healthy diet after pregnancy to decrease risk of developing Type 2 Diabetes later in life.

PREVENTIONS

Although it is recommended to gain weight during pregnancy for the developing baby, excess weight gain can cause more harm than good. You can reduce your risk of developing gestational diabetes and post-pregnancy Type 2 Diabetes by the following:

- Eat a balanced and healthy diet
- Maintain regular physical activity
- Quit smoking
- Maintain normal and healthy levels of:
 - Cholesterol
 - Blood pressure
 - Blood glucose

Breastfeeding and helping your child maintain a healthy weight can help lower your child's risk of developing Type 2 Diabetes later in life.



Source:

- Centers for Disease Control and Prevention

請注意，此信息並不是用作診斷健康問題或用作取代專業醫護人員的意見。若您根據此信息作出任何決定，東北醫療中心不會就此承擔任何責任。
Please note that this information is not intended to diagnose health problems or to replace the advice of a health care professional.
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甚麼是妊娠期糖尿病?

妊娠期糖尿病是出現在懷孕後期婦女身上的一種糖尿病（血糖水平升高）。通常分娩之後便會消失。



妊娠期糖尿病的風險因素

任何婦女都有可能患上妊娠期糖尿病，但是您可能有更高風險，如果您是：

- 25 歲以上的婦女
- 超重或肥胖
- 家族成員有糖尿病史
- 有妊娠期糖尿病史

徵兆和症狀

患妊娠期糖尿病的婦女一般沒有症狀，但是她們懷孕期間可能會有高血壓。

如果不對妊娠期糖尿病加以治療，就會增加媽媽生產巨大嬰兒的危險，因而增加難產的機會率。另外，嬰兒剛生下時還可能有呼吸問題和低血糖。

診斷

爲了診斷您是否有妊娠期糖尿病，醫生可能會給您做一個一小時葡萄糖負荷測試(GLT)。這個測試要求在您口服葡萄糖一個小時後，抽血檢驗。

如果一小時葡萄糖負荷測試(GLT)檢驗結果在 135 至 184 之間，您將會做一個三小時葡萄糖耐量測試(GTT)。您需要最少八小時不進食，空腹抽血檢查。然後，口服葡萄糖三個小時之內，每小時抽一次血來檢驗血糖。

如果一小時葡萄糖負荷測試(GLT)檢驗結果高於 185 以上，您將不再需要做三小時葡萄糖耐量測試(GTT)。

治療

治療妊娠期糖尿病，目標是控制血糖水平。您可以嘗試下面的方法：

- 定期見醫生做檢查
- 飲食均衡並控制食物中的碳水化合物
- 經常運動
- 定時測量和監控血糖水平
- 如果有需要，注射胰島素控制血糖
- 分娩後，檢測血糖

即使妊娠期糖尿病在寶寶出生後消失，繼續保持運動和健康飲食對於曾患妊娠期糖尿病的婦女仍然是十分重要的，這樣可以幫助預防將來患上 2 型糖尿病的機會率。

預防

雖然建議懷孕期間適當增加體重有助嬰兒發育，但體重增加過多造成的弊大於利。您可以嘗試以下方法減低罹患妊娠期糖尿病或 2 型糖尿病的機會：

- 飲食均衡
- 經常保持體力活動
- 戒煙
- 保持正常和健康的水平：
 - 膽固醇
 - 血壓
 - 血糖

母乳喂養以及幫助孩子保持健康的體重可以減低孩子長大後患上 2 型糖尿病的機會率。



資料來源：

- Centers for Disease Control and Prevention

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