

# Diabetes and pregnancy



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Deciding to have a child is one of the most important decisions of peoples lives. Diabetes is a very serious disease. It attacks million people around the world many of them women. These women one day may be thinking about having a baby. Numerous precautions must be taken by women during pregnancy. Special safeguard must be taken by women with diabetes. These precautions need to be taken due to birth defects. An estimated 1. 5 million women of child-bearing age in the United States have diabetes. A diabetic pregnancy is one of the leading causes of birth defects. (Henderson pNA) Diabetes can strike at any age and can occur in anyone. Although it is not exactly known for sure about the what causes it. Diabetes is believed to do with the bodys own immune system attacking and destroying insulin producing cells in the pancreas. There are two forms of Diabetes, Type I diabetes, also called insulin dependent diabetes. The second form, Type II diabetes, or non insulin dependent diabetes. Before insulin was introduced women with diabetes were told that pregnancy was not for them. It is true that in the past, pregnancy did present major problems for women with diabetes. In the pre-insulin era, Many diabetic women died before the child bearing age and those that survived were often infertile. (Ellenberg 696) Their babies did not often survive. When insulin became available in the 1920s, pregnancies became more common with diabetic women. Yet, the number of successful pregnancies remained far below that of women who did not have diabetes. Today the news is good, It is now known that the key to a healthy pregnancy for women with diabetes is tight blood glucose control. The goal of tight control is to keep blood glucose levels as close to non-diabetic or normal as possible.

Although the rate of successful pregnancies among women with diabetes has improved, there are still some problems with to be concerned about.

Pregnant women are who are insulin dependent Diabetic are more likely to deliver children with birth defects and more likely to deliver stillborn than the general population. They also have a much higher rate of miscarriages.

(Casson I. F. 275) We now know that many birth defects are related to the mothers blood glucose control during the first eight weeks of pregnancy.

What is important to note is that many women may not even know they are pregnant at this time. For women who have diabetes or with any pregnancy, the solution to this problem is obvious. You must plan ahead for your pregnancy. If you are a diabetic and dont already practice good diabetes control regularly, your priority should change. Patients with pre existing diabetes require intensive insulin therapy before conception and during pregnancy. Glucose self monitoring assists in achieving near normal glucose levels during pregnancy. (Pasui, K. 273) Women should maintain good blood glucose control three to six months before she plans to become pregnant.

Another problem that rarely occurs is stillbirth. The baby dies before birth, still births used to occur more frequently among women with diabetes. But now, with care and good diabetes control the chances for still births are low. One more problem , called jaundice, is common among all babies. But increase more so among those born to women who have diabetes. Jaundice is a yellowing of the skin caused from a wasteproduct. Before birth the baby needs a large supply of red blood cells. However, at birth the baby no longer needs this supply. The babys body will work through the liver to break down

and excrete the old red blood cells. If the baby's liver is not mature enough, it may have trouble handling this work load.

The broken down red blood cells are called bilirubin. Instead of being excreted, bilirubin is deposited in the baby's tissues. Bilirubin is what colors the skin yellow. Babies with jaundice are sometimes treated by being exposed to special lights. The lights help break down and get rid of bilirubin. Treatment of the problem is usually by photo therapy but exchange transfusions may be necessary. (Hollingsworth, D. R. 266) But high levels of bilirubin becomes toxic. A baby might need a blood transfusion, but the chance of this happening is rare.

Finally, as women consider pregnancy, they must realize that managing diabetes during pregnancy is time-consuming and expensive. There will be more doctor visits, special tests, more frequent blood glucose testing, and more insulin injections each day. There will also be more time away from work. Depending on your condition, your OB may ask you to reduce your hours or stop work by the late weeks of pregnancy. You and your partner need to be aware of these factors and discuss their impact on your finances and lifestyle.

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