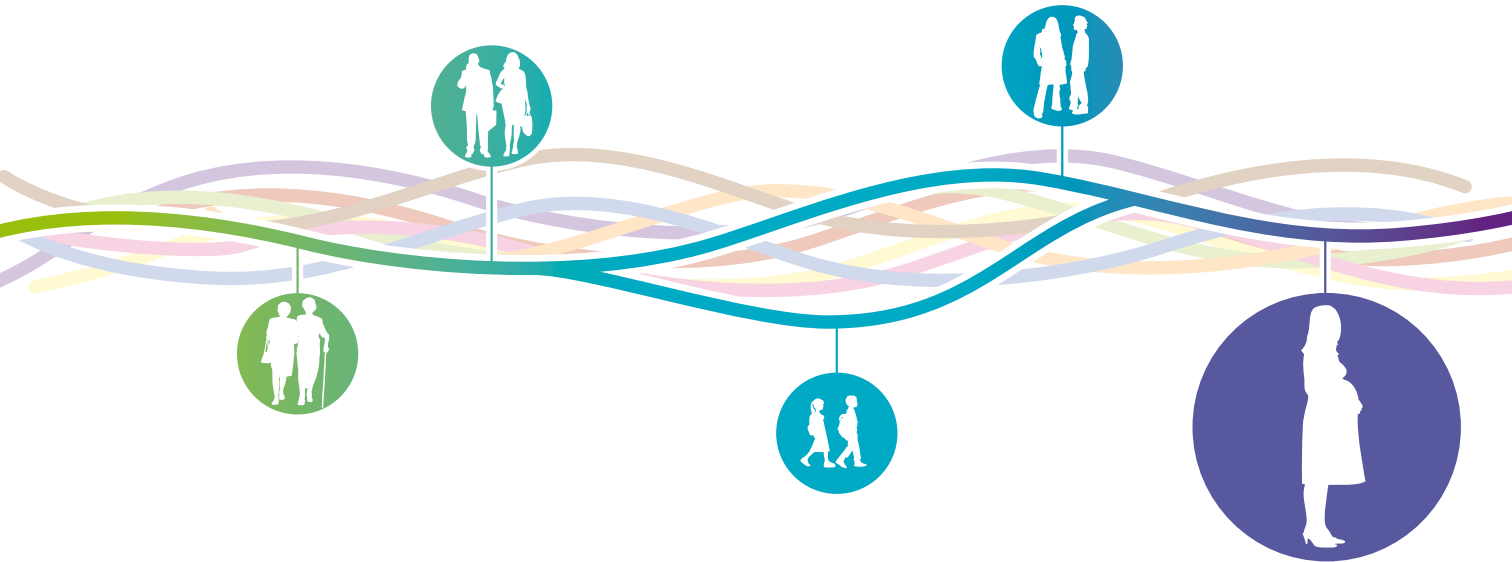


Gestationsdiabetes

Information für werdende Mütter



mit freundlicher Unterstützung von

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Das Wichtigste ist die Gesundheit

ÖDG Österreichische Diabetes Gesellschaft
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Diabetes Initiative
ÖSTERREICH



A. Kautzky-Willer



P. Fasching



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Dear mother-to-be,

This folder contains advice for you about pregnancy diabetes (gestational diabetes) along with guidelines for its optimal treatment. Early diagnosis and consistent therapy can help prevent complications for both you and your baby during your pregnancy and at the time of your delivery. An early diagnosis of possible gestational diabetes will help you, the mother, become aware of its possible threat to you in the future, to help you do everything you can to avoid developing the condition later on.

Taking this theme to heart, the Diabetes Initiative Austria has prepared this information brochure for you to use as a reference. It contains information about risk factors for the development of pregnancy diabetes, diagnostic criteria and treatment options. This information will serve as a support for you and ensure that you can enjoy a normal and uncomplicated pregnancy.

In this spirit, let us take this opportunity to offer you and your child our most sincere wishes for the very best of health and happiness.

Univ. Prof. Dr. Bernhard Ludvik
 President of the Diabetes Initiative Austria
 Univ. Doz. Dr. Raimund Weitgasser
 President of the Austrian Diabetes Association ÖDG

Dear mother-to-be,

Disorders in glucose metabolism occur quite frequently during pregnancy. Risk factors for this condition are the mother's more advanced age, obesity, the fact that she has already had a glucose metabolism disorder in the past, or a family history of diabetes. If a glucose metabolism disorder remains undiagnosed during pregnancy, this can be hazardous to the health of both the child and the mother. A particularly frequent condition that may occur is excessive birth weight of the child along with simultaneous immaturity of the organs of his body (macrosomia).

However, a glucose metabolism disorder during pregnancy (gestational diabetes) is easy to treat if it is diagnosed early enough. In many cases, it is sufficient for the mother to adjust her diet and carry out regular checks of her blood sugar levels. Sometimes temporary treatment with insulin is the answer.

In order to guarantee that cases of 'pregnancy diabetes' are diagnosed early enough, a test of the body's ability to handle sugar (oral glucose tolerance test with 75g glucose) has been carried out for each pregnant woman since the beginning of 2010 between her 24th and 28th week of pregnancy in the context of the mother-child passport programme.

The Austrian Diabetes Association (ÖDG) has dedicated itself intensively to this obligatory test during pregnancy. The ÖDG is most pleased with the plan of the Diabetes Initiative Austria of preparing a brief information brochure on the subject of gestational diabetes for mothers-to-be, in eleven languages, so that every future mother in Austria will receive the same comprehensive information.

You can download these multilingual brochures on the homepage of the Austrian Diabetes Association (www.oedg.org).

We wish you and your child the very best.

Univ. Prof. Dr. Alexandra Kautzky-Willer
 Prim. Univ. Prof. Dr. Peter Fasching
 Chairman of the ÖDG committee „Gender and Migration“

As part of the mother-child-passport programme, you will undergo a test to determine your blood sugar level between your 24th and 28th weeks of pregnancy. The glucose tolerance test demonstrates whether you are suffering from gestational diabetes.

What is gestational diabetes?

Gestational diabetes is a form of diabetes mellitus. It occurs during pregnancy and usually disappears again afterward. Unrecognised or untreated gestational diabetes can pose a threat to your unborn child. Gestational diabetes is caused by an increased need for insulin during pregnancy. Insulin helps the cells absorb blood sugar. The pancreas produces this hormone naturally. If your body's need for additional insulin cannot be balanced, your blood sugar level becomes elevated and diabetes results.

Who develops gestational diabetes?

Theoretically, every pregnant woman may develop gestational diabetes. Particular risk factors include obesity before or significant weight gain during pregnancy, higher maternal age, pre-existing hypertension (high blood pressure) and/or lipid metabolism disorder, metabolic syndrome, a positive family history of diabetes Type 2 and membership in an ethnic group in which diabetes mellitus occurs with increased frequency (for example, being Asiatic in origin).

When does a high risk exist?

A high risk exists in the following circumstances:

- Gestational diabetes in a previous pregnancy
- Birth of a child with a high birth weight (≥ 4500 g)
- Stillbirth
- More than three consecutive miscarriages
- Deformity of the infant in a previous pregnancy
- History of diabetes symptoms or pre-diabetic syndrome (fasting blood sugar ≥ 100 mg/dl)

What is an oGTT?

Because gestational diabetes is frequently asymptomatic, it is usually only discovered by means of a so-called oral glucose tolerance test (oGTT): for this test, please have your blood taken while fasting (on an empty stomach). You will receive a sugar solution to drink. Your blood sugar level will be checked again after one hour and then after two hours, thus demonstrating whether your body is able to process sugar normally.

The standard values for glucose in venous blood are: fasting 92 mg/dl, after 1 hour 180 mg/dl, after 2 hours 153 mg/dl. By definition, even if you only reach a borderline value for one of the three points, an indication of gestational diabetes exists.

Please discuss the findings and possible consequences of these tests with your physician.

How is gestational diabetes treated?

Treatment varies from case to case. A dietary plan and instructions on how to measure and monitor your own blood sugar are the focus of therapy. If the pregnancy is without complications, physical exercise is part of the therapeutic plan. If these measures do not correct the situation and your blood sugar values continue to be elevated, individually adapted insulin therapy will be commenced.

What will happen after my pregnancy?

Gestational diabetes usually disappears after delivery. Women that had diabetes during a pregnancy should obtain information concerning preventive measures, their increased risk for the development of Type 2 diabetes mellitus and the possible recurrence of diabetes during a subsequent pregnancy. In the interest of better monitoring, they should undergo an oGTT every two years.