DIABETES IN PREGNANCY

DIABETES MELLITUS

CHRONIC, SYSTEMIC ENDOCRINE DISORDER RELATED TO INSULIN PRODUCTION OR BODY'S RESPONSE TO INSULIN. CHRONIC AUTOIMMUNE DISORDER RESULTING IN DESTRUCTION OF PANREATIC BETA CELLS

CAUSED BY INADEQUATE OR ABSENT INSULIN SECRETION OR INCREASED CELLULAR RESISTANCE TO INSULIN

CHARACTERIZED BY ABNORMAL METABOLISM OF CARBOHYDRATES, FATS, PROTEINS, AND ELECTROLYTES RESULTING IN HYPERGLYCEMIA AND OTHER METABOLIC DISTURBANCES

ASSOCIATED WITH SEVERE CARDIOVASCULAR, NEUROLOGICAL, RENAL, OCULAR, AND MICROVASCULAR COMPLICATIONS

METABOLIC CHANGES IN PREGNANCY

CHANGES IN CARBOHYDRATE, PROTEIN, AND FAT METABOLISM IN NORMAL PREGNANCY ARE PROFOUND, MEDIATED BY DEVELOPING FETUS AND PRODUCTION OF PLACENTAL HORMONES

ANABOLIC AND CATABOLIC PHASES

BLOOD GLUCOSE VALUES IN PREGNANCY

FASTING	55-60	<90MG/L
1 HOUR POSTPRAND	120-140	<140MG/L
MEAN BLOOD GLUC	84	<100MG/L
HEMOGLOB A1c	2-5%	<7%

PRIMARY GOALS IN TREEATMENT OF DIABETES IN PREGNANCY

ACHIEVE AND MAINTAIN NORMAL MATERNAL GLUCOSE LEVELS—NORMAL BLOOD GLUCOSE LEVELS ARE LOWER IN PREGNANCY THAN IN NON-PREGNANT STATE BECAUSE OF DRAIN ON MATERNAL BLOOD GLUCOSE LEVELS BY THE FETUS

PROMPT IDENTIFICATION AND MANAGEMENT OF COMPLICATIONS ASSOCIATED WITH DIABETES AND PREGNANCY