

# Pregnancy-linked diabetes poses risks for mom, baby

16 February 2017



(HealthDay)—Diabetes that develops during pregnancy—known as gestational diabetes—carries health risks for both the mom-to-be and her baby, new research confirms.

A team of French researchers analyzed data from more than 700,000 births in France occurring after 28 weeks of pregnancy in 2012.

Compared to other pregnant [women](#), those with gestational diabetes were 30 percent more likely to experience preterm birth, 40 percent more likely to require a C-section, and 70 percent more likely to have preeclampsia/eclampsia, a dangerous spike in blood pressure.

Risks weren't confined to the mother, however. Babies born to women with gestational diabetes were 80 percent more likely to be of significantly larger-than-average size at birth; 10 percent more likely to suffer respiratory issues; 30 percent more likely to experience a traumatic birth, and 30 percent more likely to have heart defects, the study

found.

Babies born after 37 weeks to women with gestational diabetes also had an increased risk of death, compared to babies born to women without the condition, the study authors said.

The study clearly shows that gestational diabetes "is a disease related to adverse pregnancy outcomes," concluded a team led by Dr. Sophie Jacqueminet, of the Pitie-Salpetriere Hospital in Paris.

Two experts in [diabetes care](#) weren't surprised by the findings, and they noted that while a woman's weight isn't always a factor, the odds for gestational diabetes go up in the obese.

"Gestational diabetes is a dangerous entity, and the child is at risk," said Dr. Robert Courgi, an endocrinologist at Northwell Health's Southside Hospital, in Bay Shore, N.Y.

"As obesity increases, so does [the risk of] diabetes," he added. "We need to do a better job at diagnosing and treating gestational diabetes."

The study also found that the risk of death was 30 percent higher among babies born to women whose gestational diabetes was treated with a special diet. There was no increased risk of death among babies born to women whose gestational diabetes was treated with insulin, however.

This difference in death risk could be because women with diet-treated gestational diabetes tend to give birth later than those who are insulin-treated, the research team said.

Outcomes were worse for mothers with gestational diabetes "who gave birth later because the baby was exposed to higher [blood sugar levels](#) for a longer period of time," Courgi explained.

Dr. Gerald Bernstein coordinates the diabetes program at Lenox Hill Hospital in New York City. He stressed that [gestational diabetes](#) requires prompt and proper treatment.

"Once diagnosed, treatment is geared to maintain normal blood sugar but without the risk of hypoglycemia [low [blood sugar](#)]," Bernstein explained. "This may range from nutritional and other lifestyle changes to the addition of insulin. The goal is to give the baby a maximum opportunity for growth and development without an unusual early delivery, so that key organs are as mature as possible.

"Most patients are followed by an endocrinologist, a high-risk ob-gyn and diabetes educators in various disciplines," Bernstein added. "To reduce birth complications, early diagnosis along with aggressive therapy with a full health care team is essential."

The study was published Feb. 15 in the journal *Diabetologia*.

**More information:** Robert Courgi, M.D., endocrinologist, Northwell Health's Southside Hospital, Bay Shore, N.Y.; Gerald Bernstein, M.D., endocrinologist and coordinator, Friedman Diabetes Program, Lenox Hill Hospital, New York City; *Diabetologia*, news release, Feb. 15, 2017

The American Diabetes Association has more on [gestational diabetes](#).

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APA citation: Pregnancy-linked diabetes poses risks for mom, baby (2017, February 16) retrieved 23 July 2022 from

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