

Gestational diabetes mellitus

Gestational diabetes mellitus (GDM) refers to diabetes mellitus (DM) developed during pregnancy. The incidence has been rising in recent decade. Risk factors of GDM include: advanced maternal age, obesity, previous pregnancy with GDM / big baby / late fetal loss, and family history of DM etc. According to the obstetric statistics of Queen Mary Hospital in 2004, around 11 % of pregnancies were complicated with GDM. Chinese mothers have higher chance to develop GDM compared to Caucasian mothers.

GDM affects both mother and fetus. For mother, early complications of DM are not uncommon (e.g. more prone to infection). For fetus, the baby may overgrow and difficult delivery may be resulted. More babies have to be delivered by Caesarean section, which also carries higher infective risk. In addition, the newborns may have higher risk of abnormal glucose metabolism. For premature babies, the risk of respiratory distress is also higher.

GDM patients usually have no symptom. Diagnosis mainly relies on early and regular antenatal care together with appropriate screening measures. 75gm oral glucose tolerance test (OGTT) is a commonly used diagnostic test for GDM.

Management of GDM includes dietary control and insulin treatment. With early diagnosis and appropriate management, the pregnancy outcome of GDM mothers can be optimized.