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## CONFERENCE ABSTRACT

### Monitoring of Diabetes in Pregnancy

ICIC20 Virtual Conference – September 2020

Ines Papić<sup>1</sup>

1: Health Centar of Zagreb, Zagreb, CroatiaCroatia

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#### **Abstract**

Gestational diabetes is a disease that first occurs or is diagnosed in pregnancy due to impaired glucose metabolism and insulin action. This condition occurs between the 24th and 28th week of pregnancy in healthy women who do not have diabetes, and affects approximately 3-5% of pregnant women. Symptoms such as increased thirst, frequent urination, blurred vision, itchy skin appear. The symptoms recede shortly after giving birth because the termination of pregnancy also stops diabetes in pregnancy. The most significant risk factors for the development of gestational diabetes are age over thirty, a positive family history of glucose intolerance, women with BMI of 30 or more, and smoking as a relative risk factor. If gestational diabetes is unrecognized, it can be the cause of many complications in pregnant women, such as urologic infections, hypertension, diabetic retinopathy, nephropathy, preeclampsia, etc. The control of gynecologists and diabetologists can only be carried out occasionally and treatment should be taken by a pregnant woman with diabetes after appropriate instruction and with the occasional, but continuous, assistance of the medical team. The pregnant woman must be informed about the dangers to the fetus, the possible complications of diabetes, and how they can be prevented or treated.

After childbirth, women are instructed to report to their patronage service. The patronage service should support the woman with nutrition and exercise training and, if necessary, measure GUK levels. In future pregnancies, an OGTT test should be performed early in pregnancy and should be repeated between 20 and 28 weeks of pregnancy if it is neat.