(This article is the health feature for the July 2013 issue of *Pregnancy & Newborn* magazine, and will be on stands in late June.)

Healthy Mama
July 2013
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[head] What's up, doc?
[deck] Even if you've never had diabetes or hypertension, you might be at risk while pregnant. BY SARAH GILBREATH

You already know that your body is going through a lot of changes while you're pregnant, and you're working hard to take care of it. You take vitamins, eat right, get plenty of sleep, and you know your family's history when it comes to diseases. But you're not out of the woods yet – some serious pregnancy complications can happen even to women who have never had major health issues before. Here's what you need to know about two common pregnancy complications to keep you and your baby safe.

[subhead] Sugar, sugar
Gestational diabetes is one of the most common health problems associated with pregnancy, affecting between 2 and 10 percent of women. It's not limited to women who were diagnosed with diabetes before their pregnancy or those who have a family history of diabetes – any pregnant woman can be diagnosed with it.

Ordinarily, an organ called the pancreas produces a chemical called insulin, which your body uses to break down the glucose in sugar to use as fuel. However, the hormonal changes that come with pregnancy make your cells less responsive to insulin. A healthy pancreas can respond by simply producing more insulin. When it can't, your bloodstream gets filled with too much glucose, resulting in gestational diabetes.

"Women are typically given a glucose test between 24 and 28 weeks into their pregnancy," says Kecia Gaither, MD, Director of Maternal Fetal Medicine at Brookdale University Hospital and Medical Center in New York. "It's a simple test that takes 1 hour. If the results are abnormal, she'll be given a more in-depth, 3-hour long test, which will test her blood sugar four times." If the results of the second test are positive, she'll be diagnosed with gestational diabetes.

[subhead] Effects on the baby*
Though many women with gestational diabetes can control the problem with diet and exercise and usually do go on to have healthy babies, others have more serious cases. "Some doctors will prescribe medicine, typically either oral glucose or insulin," says Gaither. The problem also affects the baby. Frequently, the excess sugar in the mother's blood causes the baby to put on weight, sometimes making the baby too big for the birth canal. Not only can this lead to complications during birth, but it can also lead to the child remaining overweight through childhood or into adulthood.

The baby's body can also try to compensate for the glucose in their mother's bloodstreams by producing extra insulin. Shortly after birth, the baby might continue producing extra insulin, leading to hypoglycemia (low blood sugar). This is can usually be corrected by feeding the baby as soon as possible, but in rare cases, severe hypoglycemia can lead to seizures, coma, and brain damage. Luckily, these can be prevented by putting the baby on an IV drip of glucose. Your delivery team will test the

baby's blood sugar to determine if an IV is necessary for your baby. The lungs of babies of mothers with gestational diabetes also develop later, leading to breathing problems and, occasionally, higher risk of jaundice.

[sidebar blurb]
You'll probably be given a glucose-screening test between 24 and 28 weeks, which will determine if you might have gestational diabetes.

[subhead] Under pressure
Women with gestational diabetes, particularly those who are obese or have not controlled their blood sugar levels, are also at an increased risk for gestational hypertension or preeclampsia. Gestational hypertension is high blood pressure brought on by pregnancy. When the mother has gestational hypertension and also has protein in her urine, she is diagnosed with preeclampsia.

Most cases of preeclampsia are relatively mild and result in healthy babies, but cases that begin early can have a serious effect on the baby's development. The mother's blood vessels constrict, which results in lower blood flow. This can be dangerous to both the mother and the baby – blood flow to important organs can be cut off, including the liver, kidneys, brain, or uterus. When the uterus is deprived of blood, it can result in poor growth and development of the baby, too little amniotic fluid, or even cause your placenta to separate from the uterine wall. If the condition persists, it can lead to seizures, know as eclampsia.

"When a woman is diagnosed with preeclampsia, she'll be given a classification of either mild or severe," says Gaither. "If it's a mild case, she'll be put on bed rest under close watch, preferably in the hospital. If it's severe, the doctor will need to deliver the baby immediately, regardless of term length."

Luckily, in most cases both gestational diabetes and preeclampsia will go away after giving birth, and both the mother and baby generally make a full recovery. For this reason, if you are diagnosed with either condition, your doctor may chose to induce birth early, ether vaginally or via caesarian. So what advice does Dr. Gaither have for pregnant women? "Early prenatal care, early prenatal care, early prenatal care!" she laughs. "I can't say it enough!" If you are pregnant or trying to become pregnant, talk to your doctor about your risk level and form a plan for minimizing potential complications.

[sidebar blurb] Monitor your diet throughout pregnancy. Pay special attention to sugars and cholesterol, which can build up in your system and cause problems.

[sidebar blurb] There is currently no test to predict your risk for preeclampsia, so it's important to have regular check-ups to catch the condition as early as possible.

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[head] Early warning signs
[deck] See your doctor immediately if you spot any of these warning signs for preeclampsia

- Severe or persistent headaches
- Light sensitivity or vision changes like seeing spots
- Stomach pain
- Nausea and vomiting
- Swelling, especially the face

[sidebar]
[head] Am I at risk?
[deck] If any of these apply to you, you might be at greater risk

- Obese
- Over 35
- Have had gestational diabetes or preeclampsia in a previous pregnancy
- A strong family history of diabetes or hypertension
- Previously diagnosed with diabetes or hypertension
- Sugar or protein in your urine
- A previous stillborn baby
- A previous baby with birth defects, especially heart defects
- Have a blood clotting or autoimmune disease