

Happy Valley

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Service Hours

Monday to Friday: 8:00 am – 5:00 pm
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Closed on Sundays and Public Holidays
by Appointment

Admiralty

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Closed on Sundays and Public Holidays
by Appointment

For enquiries and appointments,
please contact us



Gestational Diabetes



What is Gestational Diabetes?

Gestational diabetes is a medical condition in which women with no prior history of diabetes exhibit high blood glucose level during pregnancy. During pregnancy, the placenta releases various hormones with anti-insulin properties that reduce the effect of insulin. While most women are able to produce adequate insulin to maintain their normal blood glucose level, some may have elevated glucose level due to inadequate production of insulin. This condition will become more obvious during the late stages of pregnancy, and will lead to gestational diabetes.

High-Risk Population

- Being overweight
- Having given birth to babies weighing over 4kg
- With a previous history of premature birth and stillbirth
- With a previous history of gestational diabetes
- Maternal age ≥ 25
- With a family history of diabetes

Early Detection

Early detection of gestational diabetes is crucial to the fetus' health. Prenatal examination is of paramount importance as gestational diabetes, if not treated appropriately, may lead to complications such as excess amniotic fluid (polyhydramnios), premature birth, difficult labour, gestational hypertension and edema. It may also result in oversized babies, stillbirths, infant deaths, neonatal hypoglycemia and neonatal jaundice. Most women would undergo a 75-gram oral glucose tolerance test between the 24th to 28th week of gestation, and for those who exhibit symptoms of

high blood glucose level during the early or late stages of pregnancy, your doctor may reschedule the blood glucose test for you as clinically indicated.

Treatment

The key to treatment is to keep the blood glucose level within normal limit. Diet control, proper exercise and self-monitoring of blood glucose are the major treatment modalities for gestational diabetes. Our dietitian will provide you with proper guidance on diet regimen to ensure normal maternal blood glucose level and adequate nutrition for the fetus. Our diabetes nurse will offer you guidelines on how to monitor the blood glucose level on your own so as to help you understand your condition better. Some patients may require insulin injections to maintain a normal blood glucose level. Your gynaecologist may refer you to an endocrinologist, if necessary.

Post-Natal Care

Women with a history of gestational diabetes are at a higher risk of developing type-2 diabetes. They should undergo another glucose tolerance test 6 to 8 weeks after childbirth. The blood glucose level should return to normal in most women after childbirth, while some may need long-term, post-natal care and follow-up consultations.

Even if your blood glucose level returns to normal, you should maintain a healthy eating habit, exercise regularly and check your blood glucose level every year.

As gestational diabetes can recur during subsequent pregnancies, if you are pregnant again, please contact your gynaecologist as soon as possible so that early screening tests can be arranged.

