

## Pregnancy Focus

### AN OUNCE OF PREVENTION.....

As professionals in diabetes care, if we haven't heard of the Finnish Diabetes Prevention Study<sup>1</sup> or the larger Diabetes Prevention Trial (DPP)<sup>2</sup>, we haven't been reading, listening, watching, or surfing (the net, that is) lately! These two studies have definitively shown that we can help to limit or delay the rate of development of diabetes in susceptible population groups with appropriate and timely intervention.<sup>3</sup> Diabetes is a major public health issue that is increasing at an alarming rate; this, in contrast to our resources for dealing with the effects of the disease which are proportionately shrinking.

One of the well recognized high risk groups included in the DPP study are women who have had a previous history of gestational diabetes (GDM) (or delivered a baby weighing greater than 9 lbs). Those of us who work with this particular group have a unique opportunity, both during the pregnancy and in the early post-partum period, to intervene through education on lifestyle issues that have been shown to delay or prevent the onset of diabetes.

First, what do we know from past research?....

- Thirty to fifty percent (30-50%) of women with GDM are at risk of developing type 2 diabetes within 10 years of the signature pregnancy.<sup>4,5</sup>
- There is a higher incidence of GDM among obese women, and the recurrence rate of GDM is strongly related to degree of obesity or retained weight between pregnancies.<sup>4,6</sup>
- The frequency of pregnancies complicated by GDM increases the risk of type 2 diabetes.<sup>6</sup>
- The intake of fat between index pregnancy and subsequent pregnancies affect the recurrence rate of GDM. Dietary fat is a significant factor in the development of insulin resistance.<sup>4</sup>
- There is a greater frequency of infant macrosomia among obese mothers than non-obese mothers.<sup>7</sup>
- Infants of the signature pregnancy are at higher risk of developing type 2 diabetes, and the degree of control affects the risk.<sup>5</sup>

Using this information, we can develop consistent messages for women with GDM both during, between, and after the child-bearing years. These may include the following:

- Type 2 diabetes is a disease with serious complications, not just an ailment of "older

people." The risk for developing this disease is 30-50%.

- You can decrease your risk by more than half by losing all the weight gained during the pregnancy afterward. If overweight before pregnancy, reducing weight by as little as 10% will make a difference in risk. Weight loss through proper nutrition (Canada's Guide to Healthy Eating) is recommended.
- Increase physical activity to a minimum of 30 minutes per day; make it a part of daily life.
- Quit (or don't start) to smoke. Among other effects, smoking increases insulin resistance.
- Space pregnancies, and work toward a healthier body weight before planning the next pregnancy. This could prevent a subsequent GDM pregnancy as well as type 2 diabetes.
- Make improved eating behaviors a family affair starting with your baby's nutrition. Use *Year 1 Food for Baby* and *After Year One, Food for Children* as a guide.
- Have postpartum screening (GTT, ~ 6 weeks after delivery) to rule out type 2 diabetes and then ac/pc testing yearly.

Besides providing the key messages at various times during follow-up visits, there are a number of ways we can help women achieve these goals:

1. Encourage and/or facilitate the postpartum screening process.
2. Offer a postpartum program of education for weight loss management (group or individual).
3. Assist with setting personal goals.
4. Provide information on resources available to help support positive changes:
  - Eating** - *Canada's Guide for Healthy Eating, Year 1 for Baby*, appropriate cookbooks, etc.
  - Exercise** - Health Canada Guidelines to Physical Fitness.
  - Smoking** - Community cessation programs and alternatives.
  - Other** - Weight Watchers, The Running Room, Y programs, web sites, healthy living magazines, videos, motivational tapes, etc.

If the old saying "An ounce of prevention is worth a pound of cure" is true, we have a "ton" of opportunity to help our clients beat the odds.\*

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