

YOUR CARE POLMED

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Understanding and managing chronic conditions while pregnant



Pregnancy is an exciting and memorable experience for many women. During this time, it's important that expecting moms make good health and lifestyle choices to avoid being at risk of developing a chronic condition.

Additionally, for those who have already been diagnosed with a chronic condition, it's vital to manage the condition, as not doing so can increase the risk for complications during the pregnancy.

Gestational diabetes

Gestational diabetes is a condition that affects pregnant women resulting in raised blood sugar levels during their pregnancy. Around 25.8% of pregnant women in South Africa will have to deal with gestational diabetes.

The risk factors for gestational diabetes include:

- Being overweight or obese.
- A sedentary lifestyle.
- Having an immediate family member who's been diagnosed with diabetes.
- A history of gestational diabetes or prediabetes.



Managing gestational diabetes

It's essential to manage gestational diabetes as not doing so can increase the risk of:

- Pre-term births.
- Stillbirths.
- Breathing difficulties in a new-born.
- Low blood sugar in a new-born.
- An increased risk for type 2 diabetes later on in life.

Gestational diabetes can be treated and managed in the same way that type 1 and type 2 diabetes are – by taking medication as prescribed by your doctor, eating a diet advised by a doctor or dietician, and exercising regularly.

Exercising will reduce blood sugar levels, as well as help alleviate uncomfortable pregnancy symptoms such as backaches, constipation, bloating, and swelling. Walking and swimming are low impact and are recommended to stay fit and manage blood sugar levels during this time.

That said, it's important to obtain medical clearance from one's doctor and seek a professional exercise prescription from a biokineticist before starting any exercise regime.

Pre-eclampsia

Pre-eclampsia is a condition that affects pregnant women and develops as a result of high blood pressure. Pre-eclampsia can also cause kidney and liver damage. Hypertensive disorders, such as pre-eclampsia, are a group of high blood pressure disorders. They are also the most common direct cause of maternal mortality in South Africa. They account for 18% of all maternal deaths.

Risk factors for pre-eclampsia include:

- Obesity.
- A history of chronic hypertension, diabetes, or kidney disease.
- First pregnancy.
- New paternity.
- Multiple pregnancies – if the mother is carrying twins, triplets, or more.
- In vitro fertilisation.



Managing pre-eclampsia

Pre-eclampsia can be life-threatening and not managing it can increase the risk of organ damage, heart disease, and pre-term birth.

Pre-eclampsia can be managed by taking medication as prescribed by your doctor, bed rest, or even exercising as this has been found to help reduce the risk of pre-eclampsia.

In some cases, if your pregnancy has passed the 37-week mark, your doctor may induce labour to prevent any complications such as kidney damage and fluid in the lungs. Once the baby has been delivered, your blood pressure should return to normal, and the symptoms should resolve after a few days. It's still important to go to your doctor for regular blood pressure checks, even after the delivery of your baby.

Pregnancy should be a wonderful period in a woman's life. It's essential to take precautions to protect not only your health but also the health of your unborn child, so you can both live a healthy and happy life.

Polmed has a Maternity programme. To access this service and obtain more information on the programme, please call us on **0860 765 633 Disease Risk management** (follow the voice prompts) between 08:30 and 17:00 or send an email to **Polmedmaternity@medscheme.co.za**.

References

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