Quality of Life with Gestational Diabetes

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Introduction

Diabetes is a demanding disease, so it can affect life in many ways. Managing diabetes can be stressful. The way feel when the blood glucose levels are low or high adds to the stress. On top of that, there are the worries that might develop complications, and the burden of dealing with any complications may already have. It is no wonder that many people feel that diabetes affects their quality of life.

About half of the people with diabetes have a lower quality of life. The most important factors predicting discomfort or worse quality of life among diabetic patients are the country of residence and, subsequently the type of healthcare system adopted there.

Diabetes mellitus, may generate anxiety, this is especially true for women who received the diagnosis of diabetes during their pregnancy. Effective and satisfactory communication between pregnant women with gestational diabetes and healthcare providers can be fundamental to reduce their level of anxiety. These women need information about the disease, the potential risks for mother and child, the management strategy, and a treatment plan to avoid maternal and fetal complications.

Everyone wants to have the best possible quality of life. It just feels good to be satisfied and happy. But there is another reason, as well. Just as diabetes can affect the quality of life, the quality of life can affect diabetes. When feeling good about life, in general, and about life with diabetes, in particular, having more energy to take good care of diabetes.

If patients take good care of him or her self, patients are likely to feel better day-to-day and to stay healthier in the long run. Feeling better and staying healthy give a further boost to the quality of life. So, a good quality of life activates a self-reinforcing positive cycle.

Quality of life Approaches

Nurse in the perinatal setting plays a crucial role in educating the mother about Self-Monitoring of Blood Glucose in GDM and Pharmacotherapy. In addition, they play an important role in medical nutrition therapy (MNT). Today, nurses are challenged to support Exercise, Physical activity, and weight management strategies. So, quality of life approaches involving:

1. Early referral to a specialist is essential
2. A collaborative effort among obstetrician/midwife, endocrinologist, ophthalmologist, registered dietitian, and nurse educator. All team members should be engaged in patient education/care before and throughout pregnancy
3. Individualized treatment plans, involving a combination of:
   a. Medical nutrition therapy (MNT)
   b. Exercise (physical activity)
   c. Weight management strategies
   d. Psychological support

a. Diet (Medical nutrition therapy (MNT)):

Medical nutrition therapy (MNT) and lifestyle changes can effectively manage 80% to 90% of mild GDM cases. The goals of medical nutrition therapy (MNT) are: Provide a nutritionally adequate diet for pregnancy and Achieve normoglycemia. These will ache by:

- Low-carbohydrate diet, high fiber with caloric restriction
Frequent small snacks may be needed between meals

Avoid starvation

Refer patients for nutritional counseling with a registered dietitian familiar with pregnancy

MNT is based on standard nutritional recommendations during pregnancy, with customization based on:

Height

Weight

Nutritional assessment

Level of glycemic control

MNT nutritional goals and recommendations:

Choose healthy low-carbohydrate, high-fiber sources of nutrition, with fresh vegetables as the preferred carbohydrate sources

Count carbohydrates and adjust intake based on fasting, pre-meal, & postprandial SMBG measurements

Avoid sugars, simple carbohydrates, highly processed foods, dairy, juices, and most fruits

Eat frequent small meals to reduce risk of postprandial hyperglycemia and pre-prandial starvation ketosis

As pregnancy progresses, glucose intolerance typically worsens; patients may ultimately require insulin therapy

b. Exercise (physical activity)

Unless contraindicated, physical activity should be included in a pregnant woman’s daily regimen

- Regular moderate-intensity physical activity (eg, walking) can help to reduce glucose levels in patients with GDM

- Other appropriate forms of exercise during pregnancy: Cardiovascular training with weight-bearing, limited to the upper body to avoid mechanical stress on the abdominal region

c. Weight management strategies

- The obesity epidemic is driving the increased prevalence of diabetes mellitus (DM), and the vast majority of patients with DM are overweight or obese. Excess body weight is associated with the risk of cardiometabolic complications, which are major causes of morbidity and mortality in DM.

- For weight management strategies in prediabetes; weight loss has been shown to delay the onset or decrease the risk of DM. Observational studies support the reduction in cardiovascular risk factors following weight loss in patients with DM. However.

- Physicians should encourage weight loss in all overweight patients with or at risk of DM, and should consider the impact on weight when choosing the most appropriate glucose-lowering therapies for these patients.
d. Psychological support

- The psychosocial issues faced by women who are diagnosed to have diabetes in pregnancy, i.e. gestational diabetes mellitus (GDM) need to be addressed.
- Pregnancy is a unique feature of life, in that it is a finite condition. This, and the expected arrival of a new member, encourages the family and community to display empathic and sensitive attitude and behavior toward the antenatal woman.
- Pregnancy is in itself a stressful condition; it stands to reason that a diabetic pregnancy will be linked with significant stress.
- The unique psychosocial problems and challenges faced by women experiencing pregnancy have been documented by obstetricians. However, no mention is made of psychosocial complaints specific to pregnant women diagnosed to have diabetes.

References


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