Developing Medicine's digital medical resource scripts and sources – Reproductive health

What is gestational diabetes?

During pregnancy, your body requires extra energy to support you and your growing child. It will therefore retain more sugar in your blood to provide you with that energy. But sometimes your body may not produce enough insulin to meet this new demand. Insulin is the hormone that allows that sugar to enter our cells. If there is not enough insulin or it is not working properly, the sugar stays in your blood. This is what we call gestational diabetes. It most commonly occurs in the second or third trimester of pregnancy.

Gestational diabetes does not normally present a problem for you or your baby if it is picked up early and is treated properly. This is why it is important to attend your health checks during your pregnancy because they should check your blood sugar levels. If your blood sugar levels are high, it may be that they can be treated by reducing the amount of sugar-rich foods you eat, which are things like cakes, cookies, French fries and sweet drinks like colas. Sometimes it is also necessary to take tablets or insulin, but you should only do that when a healthcare professional has told you to.

There are some groups who are at higher risk of gestational diabetes. These are women who are already diabetic, women who are overweight and women who have previously had

gestational diabetes. Any woman in these groups should pay close attention to her blood sugar levels. Women who are already diabetic should try to ensure that their blood sugar levels are well-controlled **before** they become pregnant.

Sources: *NHS, Gestational diabetes*, *NHS, Treatment of gestational diabetes*, *WHO, Diabetes*, *CDC, About Gestational Diabetes*

How to reduce the risk of Cesarean section site infection

In the case of planned Cesarean sections, you can do some things beforehand to reduce the chance of infection. Firstly, if you shave the area, stop doing this at least 1 week beforehand. The area will instead be shaved in the sterile environment of the operating theatre. Secondly, on the day of the surgery, wash your lower abdomen and pubic area well with soap and water. We also advise you not to use any lotions, creams or talcum powder on your skin. Thirdly, if you are diabetic or have had issues with your blood sugar levels, ensure that they are well controlled.

After the operation. The incision may be closed using either dissolvable stiches or stiches or staples that need to be removed after about 7 days. Check with the midwife or doctor about this. During this time and in the weeks after, it is important to keep the area clean and dry. Do not soak the wound. We also do not recommend using powders, creams or ointments on the area unless you have been advised to do so by a healthcare professional.

It is normal see some redness around the wound and to have some discomfort. However, you should contact the midwife, the clinic or the hospital if you notice any of the following: the wound becomes painful and swollen. foul-smelling fluid leaks from the wound, you notice fresh red blood coming from the wound or the wound starts to open.

Massage of the scar may reduce its size. However, you should not start doing this until at least 6 weeks after the operation. Gentle massage along the length of the scar using a lubricant like coconut oil may reduce the appearance of the scar over time.

Sources: *NHS (UK), Caesarean Section*, *NHS Guy's & St Thomas' NHS Foundation Trust, Planned (elective) caesarean birth*, *NHS Inform, Caesarean section (C-section)*, *WHO, Surgical site infection*

What is pre-eclampsia and what are its symptoms?

Pre-eclampsia is a condition that affects a small number of women and their babies. It can cause high blood pressure, swelling in your legs and protein in your urine, although in some cases there are no symptoms at all. Most cases of pre-eclampsia are mild and can easily be managed by midwives and doctors. However, you should be aware of the early symptoms of the condition so that you can seek help as soon as possible.

Pre-eclampsia usually occurs in the second half of the pregnancy, or soon after the baby is delivered. The two most common signs of pre-eclampsia are high blood pressure and protein in your urine. These can be monitored during your health checks before the baby is born. But there are also other symptoms that may develop if pre-eclampsia develops. These are severe headaches, vomiting, problems with your vision, pain just below your ribs and sudden swelling of your face, hands or feet. If you experience any of these symptoms, you should contact the health clinic or the midwife as soon as possible.

You should also know that there are certain conditions that increase your chances of pre-eclampsia. These are being overweight, having high blood pressure, being diabetic or having family members who had pre-eclampsia during their pregnancies. If any of these apply to you, it is particularly important that you are aware of the symptoms that we described.

We stress that pre-eclampsia is a rare condition that can normally be dealt with by health care professionals. But you will reduce the risk of the condition developing into something more serious by being aware of the early warning signs and seeking help as soon as possible.

Sources: NHS, *Pre-eclampsia*, NHS, *Symptoms of pre-eclampsia*

Causes of itchiness during pregnancy

Many pregnant women notice that they become itchy during their pregnancy. It is normal for this to occur and is generally thought to be hormonal. You may also find that you become itchy on your abdomen as the skin stretches to accommodate your growing child. This type of itchiness is also normal and is usually caused by the skin becoming dry. It can easily be remedied by the application of a moisturising lotion. Using loose clothes that are not made of synthetic materials can also help in this situation.

But there is another rare cause of itchiness during pregnancy that you should be aware of because it is more serious. This is a condition known as obstetric cholestasis. It is a liver disorder that occurs during pregnancy and is well known to cause itchiness, especially on the palms of the hands and the soles of the feet. Another less common symptom is jaundice, which is a yellowing of the skin and the eyes. Jaundice may also be associated with pale stools and dark urine.

In the rare cases where obstetric cholestasis occurs, it usually happens after 28 weeks of pregnancy, but it is also possible for the condition to occur earlier. For those reasons, if you have persistent itching during your pregnancy, please inform your midwife, doctor or healthcare professional as soon as possible, especially if you have any of the other symptoms we have mentioned. We stress that obstetric cholestasis is a rare disorder and that itchiness during pregnancy is more likely to be caused by something else. If the condition does occur, treatment options are available.

Sources: NHS, *Itching in pregnancy*