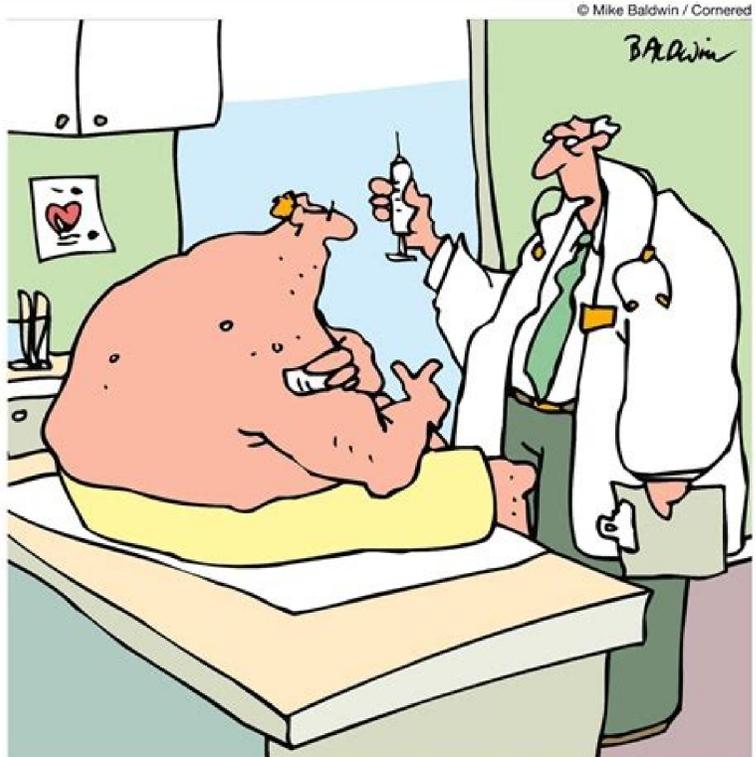
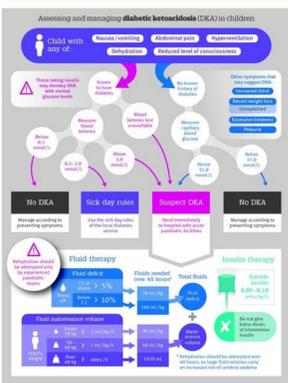


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"It wasn't really insulin. You don't have diabetes yet. It was just a warning shot."





gestational diabetes if the woman has: a level of glucose in plasma in fasting of 5.6 mmol/ liter or higher than a plasma glucose of 2 hours of 7.8 mmol/liter or more when women are diagnosed with gestational diabetes with closing within 1 week, indicate the interventions of their equipment Primary medical attention, they explain to women with gestational diabetes: about the implications (both in the short and long term) of the diagnosis for her and her baby that good glucose control throughout pregnancy will reduce the risk of macrosomia fetal, trauma during birth (for her and her The induction of work and/or cease, neonatal hypoglycemia and the perinatal death that the treatment includes changes in the diet and exercise, and could involve medicines that teach women with gestational diabetes. How much self -monitor your blood glucose uses the same levels of glucose in capillary plasma for women women Gestational diabetes regarding women with diabetes tailored to diabetes existing in blood glucose "under the therapy to the blood glucose profile and personal preferences of women with gestational diabetes when women are diagnosed gestational diabetes, they offer advice On changes in the diet and exercise advice notice with gestational diabetes to eat a healthy diet during pregnancy, and change highs to foods high at low to low, food considers all women with gestational diabetes to gestational diabetes A dietitian who advises women with gestational diabetes to exercise regularly (for example, walking for 30 minutes after a meal) for women with gestational diabetes who have a level of plasma glucose in fasting plasma below 7 mmol /liter to the diagnosis, offer a diet test and exercise changes if blood glucose objectives are not found Ran with diet and exercise changes within 1 to 2 weeks, they offer metformin [A] if metformin is contraindicated or unacceptable for women, offer insulin if blood glucose objectives do not meet the diet and the Chan gender exercise metformin, [A] also offers insulin for women with gestational diabetes who have a level of plasma glucose in fasting 7.0 mmol/liter or above the diagnosis, offer: immediate treatment with insulin, with or without Metformin [A] and diet and exercise changes for women with gestational diabetes that have an erasive plasma glucose level between 6.0 and 6.9 mmol/liter and complications such as macrosomia or hydramnies, consider: immediate treatment with insulin, with or without Metformin [A] and diet and exercise changes in blood glucose monitoring advise pregnant women with type 1 diabetes to try their fast, before Food, 1 hour after food and levels of blood glucose, they advise pregnant women with type 2 diabetes or gestational diabetes that are in multiple daily insulin injection daily gale to prove their Fasting, before the food, 1 h, - á € " Hora after foodá € " food and glucose levels at bedtime, advise pregnant women with type 2 2 2 or gestational diabetes to test your fast and 1 hour of the hour "blood glucose levels daily" if they are: handle your diabetes with diet and changes in exercise alone or take oral therapy (with or without diet and exercise changes) or single "the intermediate dose á € "acting or long Hypoglycemia risk advise pregnant women with any form of diabetes to maintain their glucose in capillary plasma below the following objective levels, if these can be achieved without causing problematic hypoglycemia: fasting: 5.3 mmol/liter " With diabetes that are taking insulin to maintain their glucose level in capillary plasma above 4 mmol/liter of HBA1c monitoring measured HBA1C in the reserve appointment for all pregnant women Inge Nio H Prer á, - Diabetes existing, to determine the level of risk of pregnancy considers HBA1C levels in the second and third quarter of pregnancy for women with existing diabetes previous, to evaluate the level of risk for the pregnancy that has in account that level of risk for pregnancy for women with existing diabetes increases with an HBA1C level above 48 mmol/mol (6.5%) measure HBA1C levels when women are diagnosed with gestational diabetes, to identify To women who can have a pre -existing type 2 diabetes do not routinely use the HBA1C levels routinely to assess the blood glucose control of a woman in the second and third pregnancy quarters that handle diabetes during pregnancy during the Insulin treatment and the risks of hypoglycemia at 2020 medicines and products from the agency's regulatory agency Injection sites within the same bodily ulre to avoid cutaneous amyloidosis consider the insulin of rose (Aspart and Lispro) For pregnant women with diabetes. Use alternative antihypertensive agents that are appropriate for pregnant women stop statins before pregnancy, or as soon as pregnancy is confirmed, which facilitates women to access prior attention to adolescence onwards, in each contact with women with Diabetes: Health professionals (including diabetes care. The equipment) must explain the benefits of blood glucose control prior to preconception The diabetes care team must register the plans that women have for pregnancy and Conception, provide attention prior to the conception of women with diabetes in a support environment, and encourage couples or other family members to attend education and advice by retinating evaluation in the preconception permit for women with diabetes that They seek attention prior to conception, offer an evaluation of the retina at their first date (unless they have had A retinal evaluation in last 6 months) advise women with diabetes to plan a pregnancy to differ an unplayed optimization of blood glucose control until after the evaluation of the retina and the renal evaluation of the treatment before That pregnancy offers women with diabetes a renal evaluation (including a measure of albuminuria), before stopping contraception, consider referring to women with diabetes to a nephrólogo before stopping the contraception: syndic creatinine is from 120 Micromol/liter or or misma liters or urinary albá 9mina relationship: Creatinine is greater than 30 mg/mmol or the estimated glomerular filtration rate (EGFR) is less than 45 ml/minute/1.73 m2. Evaluation of risks, tests and evaluation of diagnostic risks to help women make informed information about the risk assessment of risk assessment Gestational diabetes tests explain that: Some women find that gestational diabetes can be controlled with changes in diet and exercise. The majority of women with gestational diabetes will need oral agents that reduce glucose or insulin "" There is a small increase in the risk of serious adverse complications of birth, such as women in shoulder dystocia with gestational diabetes, they will need more monitoring, and you may need more interventions during pregnancy and work of jobs, evaluate the risk of gestational diabetes using risk factors in a healthy population. Population.

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