

Cystitis

Resistance to insulin develops in all mothers during pregnancy. In about 2-4 per cent of women this results in temporary diabetes. The reason is that a pregnant women have less ability to produce extra insulin to overcome this insulin resistance. Pregnancy diabetes is also called gestational diabetes.

What are the symptoms?

In most cases pregnancy diabetes has no symptoms and is examined by laboratory tests.

How is it diagnosed?

Checking urine for glucose is a routine antenatal test but is unreliable for diagnosing diabetes.

All mothers should have blood sugar checks between 26 and 30 weeks of pregnancy. These tests are tests of blood on two occasions: the random glucose test and the fasting glucose test.

If these tests show you have increased glucose levels, you will need a more detailed test to diagnose diabetes. This is called a glucose tolerance test.

How does it affect the baby?

The importance of pregnancy diabetes is still the subject of some debate, but some mothers can have bigger babies and perhaps more chance of birth defects. A full-term pregnancy is 40 weeks but with diabetes labour is often induced (started early) at 38-39 weeks to reduce the risk of stillbirth.

How is it treated?

Pregnancy diabetes is usually treated with diet and exercise (activities like swimming, walking or yoga; regular eating; you need to be careful about fats, salt and fruit and vegetable intake)

If blood sugar level is high, you may need to take insulin with an injection.

ACTIVITIES:

- 1) check the meaning of underlined words in your dictionary
- 2) ask your partner these questions:
 - What happens with the urinary tract during pregnancy?
 - Do all pregnant women with a bladder infection have symptoms of it?
 - What should a pregnant woman do to reduce the risk of cystitis?
 - What can cystitis result in (if not treated)?