

Message

Dr. Mohammad Idrees Adhi

MBBS, FRCS, FRCOphth, MHPE

Chairman Editorial Board

JPMA

Karachi - Pakistan.

The number of diabetics is on the increase in alarming proportions all over the world including Pakistan. Pregnancy in diabetics is a stress on an already compromised metabolism and the physicians must have a clear idea about the physiological changes in pregnant diabetics so as to be in a better position to treat the pregnant diabetic women and their babies. This applies to both the gestational and known diabetics.

The presence of hyperglycaemia during first trimester of pregnancy wherein the organogenesis is taking place, may lead to increased incidence of congenital malformations. Hyperglycaemia during 2nd trimester may lead to impairment of intellectual performance in the offspring. The foetal pancreas starts secreting insulin at 8th to 11th week of gestation, and under the influence of maternal hyperglycaemia, increased level of foetal Insulin leads to macrosomia and foetal hypokalaemia leading to possible fatal foetal cardiac arrhythmias. The placental insufficiency leading to hypoxia may lead to intrauterine death during third trimester. The infants born of diabetic mothers are prone to develop neonatal hypoglycaemia and may have hypocalcaemia, hypomagnesaemia, hypokalaemia, polycythemia, hyperbilirunaemia and increased incidence of Respiratory Distress Syndrome. Added to these factors is the increased risk of pre eclampsia and premature labour in expecting diabetic mothers besides several other well documented recognized complications. All of these factors may contribute to increase in infant mortality and maternal mortality that can be overcome by better glycaemic control during pregnancy.

Another important aspect is the worsening of the existing complications that need special consideration in diabetics during pregnancy. For example, the pregnant mothers are at the risk of worsening of existing Diabetic Retinopathy, which if not treated timely and adequately, can lead to devastating visual impairment. Established diabetic retinopathy needs treatment at an earlier stage in pregnant women. In diabetic pregnant women it is important to identify and treat any pre-existing retinopathy and optimize diabetes control prior to conception. These patients also need special screening, proper care and treatment during the course of pregnancy.

There is well-documented increase in prevalence of Diabetes in our country, as is the case worldwide. This is high time the government of Pakistan takes active measures and plays its role for the help of diabetics during their pregnancies. And for that there has to be a strong political will and commitment. There is a need of measures such as increasing awareness through both print and electronic media about the possible complications during diabetic pregnancies, need for educating importance of good control of diabetes and appropriate diet during the pregnancy, importance of using contraception to plan their pregnancies, education of midwives in the rural areas for onward education to women in the rural population and giving the issue a due consideration by increasing the availability of required finances.

I am sure that this issue of JPMA, which documents almost all the issues related to Diabetes and Pregnancy, will become an important document in literature. It will go a long way in educating the relevant health care providers for better care of diabetic women not only in Pakistan but also throughout the developing world.

I congratulate all the members of Editorial Board of JPMA and specially Dr. Fatema Jawad for this effort.