
Mild Glucose Intolerance in Pregnancy Has Its Risks

By Joe Kotsch, Perinatal Consultant

A recent study shows a modest increase in risk for those patients with mildly elevated glucose intolerance during pregnancy to later development of cardiovascular disease. It is important to remember that this study used information derived from insurance and administrative databases and was not the result of direct monitoring of clinical conditions or any lab or other testing measurements.

The general take-away message for providers of education to pregnant women should be: gestational diabetes has been linked to the future development of diabetes and cardiovascular disease and women who have a moderately elevated intolerance to glucose during pregnancy may have a similar risk profile for these diseases.

For more information on diabetes during pregnancy go to:

- The American Diabetes at:
www.diabetes.org/gestational-diabetes/pregnancy.jsp
 - The March of Dimes at:
www.marchofdimes.com/professionals/14332_1197.asp
 - The American College of Obstetricians and Gynecologists at:
www.acog.org/publications/patient_education/bp051.cfm.
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Pregnancy and Smoking Cessation Activities to Consider

By Joe Kotsch, Perinatal Consultant

Nationally, about 33 percent of pregnant women smoke cigarettes and 20 to 30 percent of those women will continue smoking throughout their pregnancies.

In 2006, approximately 16.5 percent of pregnant women in Kansas reported that they were smokers. Many of these women want to quit, but need assistance in finding useful resources to assist them in their attempts to quit instead of going it alone.

Smoking has been clearly associated with infertility, early miscarriage and other serious complications in pregnancy. The following are some ideas to consider using to increase the success of pregnant women being able to quit smoking:

- Assist the pregnant woman to establish a quit date within the next four weeks once you have established that she is willing to quit smoking.
- Encourage her to enlist the help of any of her friends, family or associates for support and understanding, especially during the first few weeks of her attempt to quit smoking.
- Encourage her to make a sign and put it where she will see it every day that details why she wants to

quit smoking. For example, a sign might read, “For my unborn baby’s health, for myself so I can be a healthy parent to set a good example for my children.”

- Schedule a follow-up visit with the pregnant woman within the next two weeks after the quit date to provide support and reinforce her commitment to quit for her and her baby’s health.
- Encourage her to drink plenty of fluids, increase physical activity and by eating a healthy, low-fat, low-sugar and high-fiber diet. These interventions will help lessen the effects of nicotine withdrawal and decrease the likelihood of weight gain.

It is important to remember that during pregnancy a woman is highly motivated to quit smoking and stop other undesirable habits that can have negative effects on her and her baby’s health. For women who are able to quit for 6 to 12 months, some studies have shown relapse rates for smoking to only be about 3 percent.

For more information and resources on smoking cessation go to: www.kdheks.gov/tobacco/index.html.