Review Article

The exact mechanism of development of GDM is known to be multifactorial. Diabetes mellitus is a condition that is characterized by high incidence of early post partum 

AOR among women. The prevalence of GDM varied in urban, semiurban and rural areas. However, the extent to which maternal metabolism and dietary habits are associated with the development of GDM is not clearly defined. Cytokines can be predictors for GDM at an early stage.

Maternal obesity is a strong risk factor for the development of GDM. Factors such as family history, age, ethnicity, and socioeconomic status may also contribute to the development of GDM. The risk is largely related to high blood glucose levels and diabetes mellitus. However, the evidence for a specific structure of exercise programs for GDM is limited.

Most women with GDM are able to control their condition with dietary changes and exercise. Self-monitoring of urine for glucosuria may help in the early detection of GDM. However, some women will need anti-diabetic drugs, typically metformin tablets, to control their condition. Other medications such as insulin injection may also be necessary.

It is recommended that women with diabetes mellitus before pregnancy continue their medication, typically metformin tablets, throughout pregnancy if possible. If women with diabetes mellitus before pregnancy are unable to control their condition with diet and exercise, it is important to carefully monitor their condition and consider insulin injection to prevent complications.

Type A1: 
- In addition to this, statistics show a double risk of diabetes mellitus for cases of GDM. 
- A high birth weight (>90th centile, or >4000g (8lbs 14oz)) is significantly higher, and a source other than fetal insulin resistance is needed to overcome this resistance.

Type A2: 
- A high birth weight (>90th centile, or >4000g (8lbs 14oz)) is significantly higher, and a source other than fetal insulin resistance is needed to overcome this resistance.

Women who are overweight, obese or severely obese are at increased risk of problem such as prolonged labour, prone to develop type 2 diabetes in future and the baby is born with impaired fasting glycaemia. The adipokine source other than fetal insulin resistance is needed to overcome this resistance.

The hyperglycemia and Adverse pregnancy outcomes associated with this syndrome may affect 12% of normal women compared to 20% of women with GDM. However, the evidence for a specific structure of exercise programs for GDM is limited.

The risk of diabetes after GDM is 25% after 11 years. Another study showed the risk of diabetes after GDM is 50-70% after 11 years. In women who are severely obese and need insulin injection, the risk of type 2 diabetes is increased significantly.

Although GDM is a very serious condition and there is increased risk for mother and child in future to develop type 2 diabetes, the importance of dietary changes and exercise is widely recognized. The risk of diabetes after GDM is 25% after 11 years. Another study showed the risk of diabetes after GDM is 50-70% after 11 years. In women who are severely obese and need insulin injection, the risk of type 2 diabetes is increased significantly.