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Diabetes and Pregnancy

Fifty years ago, although insulin had been available for fifty years, only about 50% of diabetic pregnancies ended with a live birth. This situation improved spectacularly in the era 1960-1980 - and the improvement has steadily continued.

The major break through was in the understanding of the physiology involved in a diabetic mother carrying a non-diabetic foetus. Important studies on glucose transport between mother and foetus were made by Dr. Nigel Oakley and Professor Richard Beard, at St Mary's Hospital, where they set up a pioneering joint Medical/Obstetric antenatal clinic for diabetic patients.

The subsequent 20 years have confirmed that tight blood sugar control and good diabetic/obstetric liaison are the key factors in a successful outcome of pregnancy.

During this time, however, new challenges have emerged, particularly in the management of diabetic pregnancy in the Asian and Afro-Caribbean populations, who may develop Type 2 (non-insulin-dependent) diabetes during childbearing years, and are particularly vulnerable to develop diabetes during pregnancy (gestational diabetes). While this condition usually remits following delivery, Asian patients- particularly the overweight – often progress to permanent diabetes within a few years, and it is particularly important that this group of patients should be carefully monitored and advised during and after pregnancy.

Dr Oakley and his colleagues have a longstanding interest in this area of practice, have close contacts with local experienced obstetric services and are happy to supervise all the metabolic aspects of diabetes and pregnancy.

For more information please contact London Medical on 020 7467 5470.

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