

## Foreword



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*Consulting Editor*

Diabetes mellitus represents one of the most challenging medical complications during pregnancy. This issue of the *Obstetrics and Gynecology Clinics of North America*, edited by Deborah Conway, MD, provides an overview of current understandings and management guidelines about diabetes during pregnancy. Because few well-designed studies are performed during pregnancy, many of the guidelines described here are based on expert and consensus opinions by this very qualified group of authors.

Approximately 90% of diabetes cases encountered during pregnancy are gestational-onset. Gestational diabetes is one of the most common clinical conditions facing obstetricians and their patients. Its reported prevalence in the United States ranges from 1% to 14%, with 2% to 5% being the most common figure during pregnancy. *Gestational* implies that this carbohydrate intolerance disorder is induced by pregnancy, perhaps from exaggerated physiologic changes in glucose metabolism. An alternative explanation is that gestational diabetes is maturity-onset or type 2 diabetes unmasked or discovered during pregnancy. More than half of women with gestational diabetes ultimately develop overt type 2 diabetes in the ensuing 20 years, and there is mounting evidence for long-range complications that include obesity and diabetes among their offspring.

More than 8 million women in the United States have pregestational diabetes mellitus, and it is observed in 1% of all pregnancies. Pregestational diabetes is classified as to whether insulin is required (type 1) or not required (type 2) to avoid ketoacidosis. The rapidly increasing incidence of type 2 pregestational diabetes mellitus is caused, in part, by an increased prevalence of

obesity. Unlike gestational diabetes, overt diabetes has a more clearly significant impact on pregnancy outcome. The embryo, as well as the fetus and mother, can experience serious complications directly from diabetes. The likelihood of successful pregnancy outcomes are related somewhat to the degree of glucose control, but more importantly to the intensity of any underlying maternal cardiovascular or renal disease.

The distinguished authors assembled in this issue bring their expertise to promote diabetes self-management, describe intrapartum considerations for safe delivery, and educate about health care considerations beyond pregnancy. Management of diabetic problems involves the following components: (1) new treatment and monitoring modalities, (2) efficacy and safety of insulin analogues and oral hypoglycemic medications, (3) preventing or detecting excess fetal growth, and (4) reducing adverse events with delivery. These interventions are multifaceted for the highest quality of care to be delivered by the obstetrician-gynecologist.

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