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“Just too late” Study finds exercise and healthy eating during pregnancy do not cut risk of gestational diabetes

New research shows that healthy eating and regular exercise will not improve expectant mothers' chances of preventing gestational diabetes.

The DALI study, published in the journal of clinical endocrinology and metabolism, has found that despite popular belief, healthy living during pregnancy won't help prevent gestational diabetes mellitus (GDM) in expectant mothers.

Campbelltown Hospital endocrinologist, researcher and Western Sydney University Professor of Medicine, David Simmons said that since 2010, south western Sydney has seen an increase in women giving birth with GDM from 7.8 per cent to 21.2 per cent in 2014.

“South western Sydney is above the national average of 4.2 per cent which is why it is important that GDM be identified, treated and managed on time to prevent harmful health related outcomes.

“It is clearly even more important for expectant mothers to have a balanced diet and exercise regime, both for themselves and their child, before they are pregnant in order to reduce their chances of developing GDM,” Prof Simmons said.

“Some of the complications associated with gestational diabetes can include excessive birth weight, pre-term birth, low blood sugar and the possibility of developing type 2 diabetes later in life.

GDM is a serious and often misunderstood pregnancy complication which Prof Simmons said is characterised by an inadequate blood control in pregnancy.

“The aim of this study was to compare the effectiveness of three lifestyle interventions that included healthy eating, physical activity and a combination of both with usual care in reducing GDM risk.

“Although not one of our primary outcomes in the study, birth weight didn't drop showing that our physical activity and healthy eating interventions are safe during pregnancy and still likely to benefit the mother and baby in others ways,” he said.

Many of the symptoms of gestational diabetes mirror normal pregnancy symptoms and often go unnoticed, but Prof Simmons said expectant mother should get in touch with their GP if they notice excessive thirst, increased urination, tiredness or nausea.

“Elevated body mass index, an unbalanced diet and low physical activity are all risk factors for gestational diabetes, however the interventions mentioned in the DALI study should help to prevent the rising tide of gestational diabetes if in place before pregnancy,” Prof Simmons said.

Tips for reducing the risk of Gestational Diabetes:

Physical activity intervention

1. “Be active every day”: Incorporate light and moderate PA as much as possible into their daily life (e.g. by parking further away from destination or undertake special activities for pregnant women).

2. "Sit less": Reduce sedentary time.
3. "Build your strength": Incorporate upper and/or lower limb resistance exercise as PA.
4. "Take more steps": To increase the number of steps taken per day.
5. "Be more active at weekends": To be more active during the weekends.

Healthy eating intervention

1. "Replace sugary drinks": To reduce intake of sugary drinks (e.g. replace with water).
2. "Eat more non-starchy vegetables": To eat more non-starchy vegetables.
3. "Increase fibre consumption": To choose high-fibre, over low fibre products (≥ 5 g fibre/100 g).
4. "Watch portion size": To be conscious about the amount of food eaten each meal.
5. "Eat protein": To increase intake of proteins (e.g. meat, fish, beans).
6. "Reduce fat intake": To reduce fat intake (e.g. snack, fast food, fried foods).
7. "Eat less carbohydrates": To reduce intake of carbohydrates (e.g. potatoes, pasta, rice, snacks, candy).

For a complete list of those involved in the study or for more information on the DALI study, visit:
<http://press.endocrine.org/doi/pdf/10.1210/jc.2016-3455>