

BÖLÜM 12

Gebelikte Diyabetes Mellitus



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Gestasyonel Diyabetes Mellitus

Giriş

Gebeliğin en sık medikal komplikasyonlarından biri gestasyonel diyabettir. Sağlıklı bir gebelikte annenin vücudu büyüyen fetüsün ihtiyaçlarını karşılayabilmek için kardiyovasküler, hematolojik, renal, respiratuar ve metabolik bir takım fizyolojik değişiklikler yaşar. Özellikle insülin sensitivitesindeki değişim önemli bir metabolik adaptasyondur.

Erken gebelikte artan insülin sensitivitesi yağ depolarına glukoz alınımını arttırıp gebeliğin ilerleyen zamanları için enerji hazırlığı yapar(1). Gebelik ilerledikçe plasental diyabetojenik hormonların; growth hormon, kortikotropin salıcı hormon (CRH), plasental laktojen, prolaktin, progesteron vb salgılanması ile birlikte insülin direnci gelişir(2). Sonuç olarak, kan şekeri hafifçe yükselir ve bu glukoz, fetüsün büyümesini hızlandırmak için plasenta boyunca kolayca taşınır. Bu hafif insülin direnci ayrıca endojen glukoz üretimini ve yağ depolarının parçalanmasını teşvik eder, bu da kan şekeri ve serbest yağ asidi (FFA) konsantrasyonlarında daha fazla artışa neden olur. Glukoz hemostazını sürdürmek için pankreatik β hücreleri hipertrofi ve hiperplaziye uğrar(3). Bu metabolik adaptasyonları yeterince gerçekleştiremeyen gebelerde sonuç olarak gestasyonel diyabet ortaya çıkar.

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Travay ve Doğum Sırasında İnsülin Yönetimi

- Gece orta ya da uzun etkili insülin olağan dozunda verilir.
- Başvuru zamanlamasına göre sabahki insülin dozu atlanır ya da azaltılır.
- Normal salin infüzyonu başlanır.
- Aktif eyleme girilirse ya da kan şekeri düzeyi 70 mg/dl altına düşerse salin infüzyonu %5 dextroz ile değiştirilir ve 100-150 cc/sa (2.5 mg/kg/dk) hızında infüzyon yapılır. Amaç kan şekeri seviyesi 100 mg/dl'ye ulaşmaktır.
- İnsülin ya da glukoz infüzyon hızının ayarlanabilmesi için saatte bir kapiller kanşekeri ölçümü yapılır.
- Eğer kan şekeri seviyesi 100 mg/dl seviyesinin üzerine çıkarsa regüler (kısa etkili) insülin 1.25U/sa dozunda intravenöz infüzyonu yapılır(45).

Postpartum İnsülin

- Postpartum dönemde insülin ihtiyacı birden azalır. Sonrasında glukoz değerlerine göre doz tekrar hesaplanmalıdır.
- Uzun ve orta etkili insulin dozu, doğum öncesi dozun 1/3-1/2 oranında yapılır. Kısa etkili insulinlerde 1/3-1/2 oranında gıda alımı başladıktan sonra yapılır.
- Emzirme önerilmelidir.
- Anne emziriyorsa gebelik dönemine göre 500 kcal/gün fazla almalıdır. Emzirme öncesi küçük atıştırmalıklar hipoglisemiden korur(45).

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