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Department of Non Communicable Diseases and Mental Health (NMH)



PHYSICAL ACTIVITY IN PREGNANCY: PREVENTION AND TREATMENT OF GESTATIONAL DIABETES MELLITUS

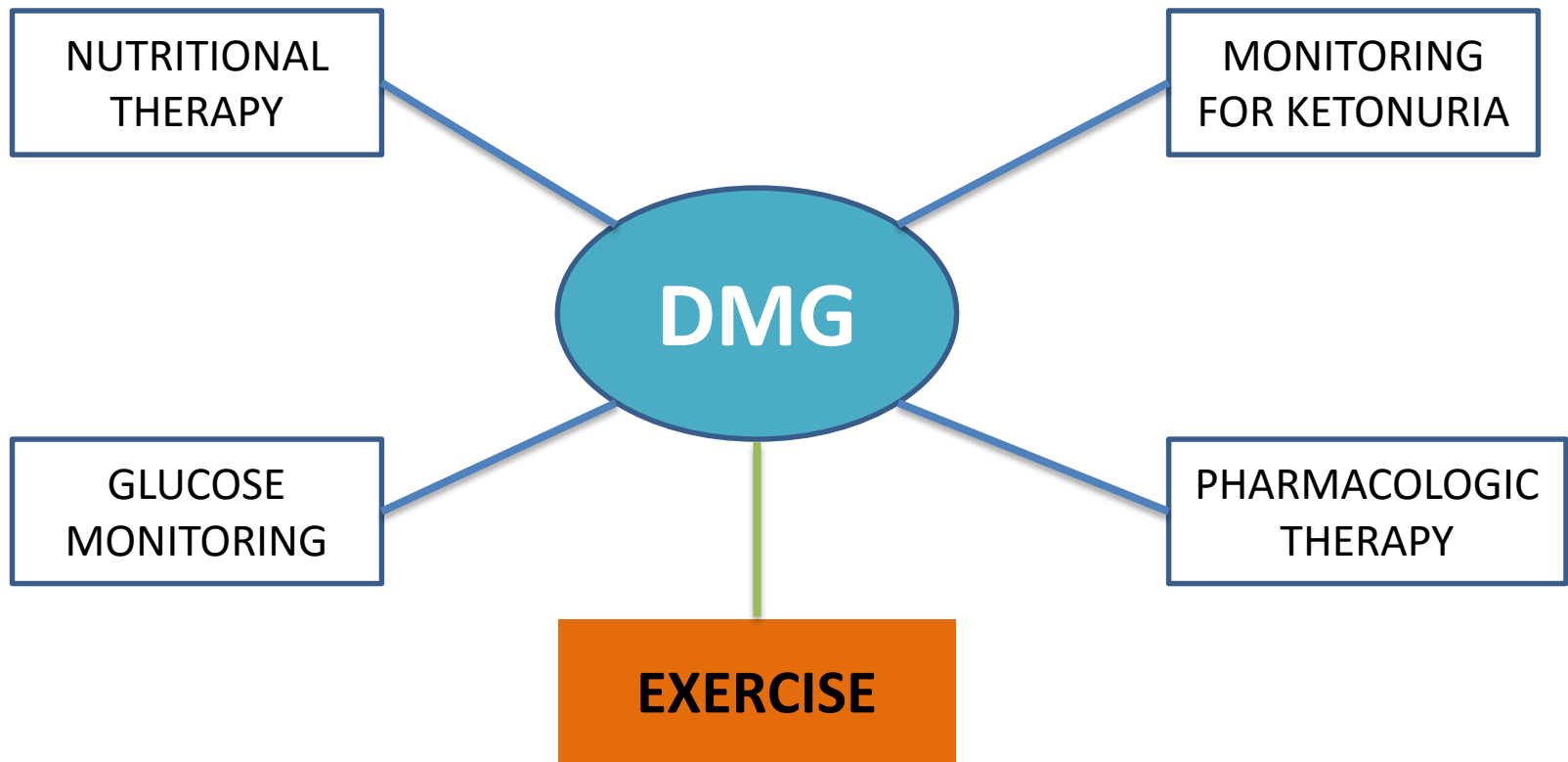
José Roberto Silva Junior,
PAHO/WHO Washington, DC – IMIP/Pernambuco, Brazil

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GESTACIONAL DIABETES MELLITUS

GLYCEMIC CONTROL



(Hartling et al., 2013; Russo et al., 2015; Horvath et al., 2010)

EFFECTS OF EXERCISE IN GDM

- To improve glycemic control primarily;
- Increased tissue sensitivity to insulin;



Fasting and postprandial blood glucose concentrations can be reduced

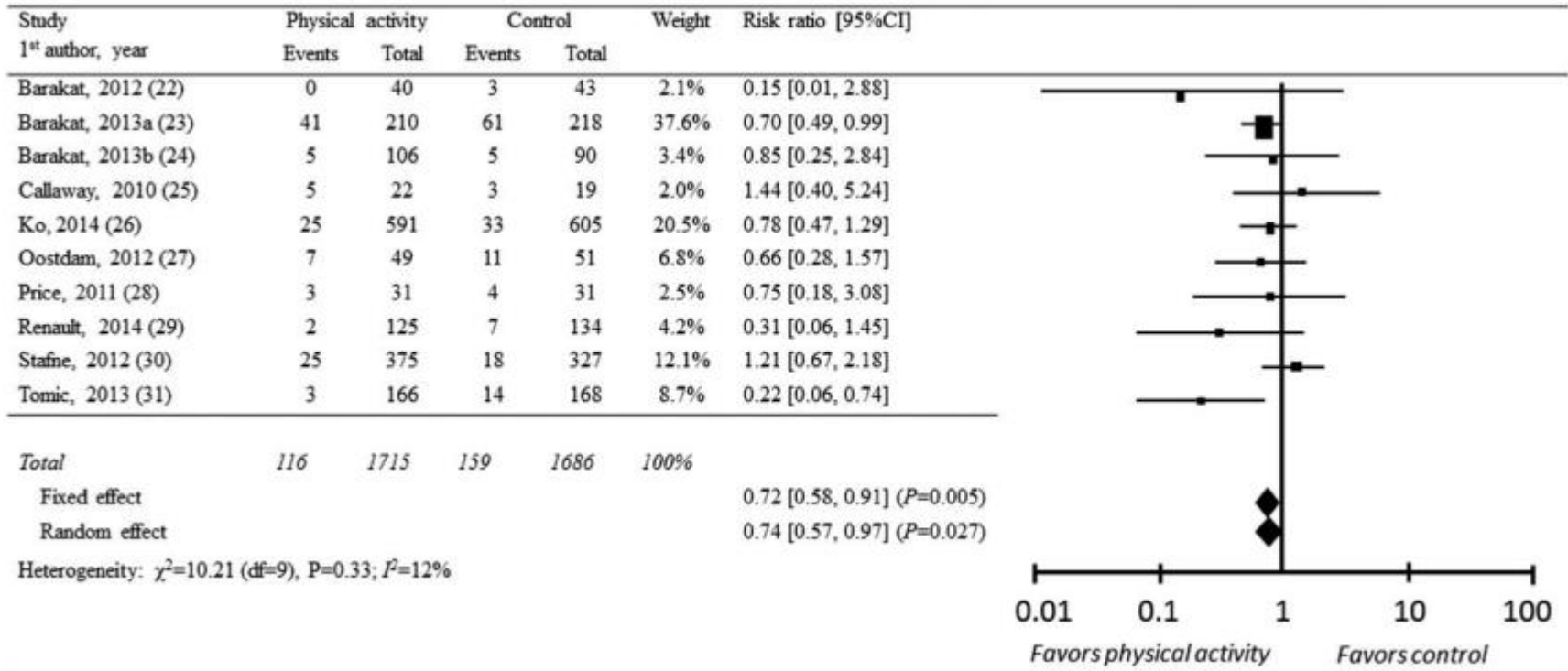
* In some women with GDM, the need for insulin may be obviated



Source: UOL. Blog do Dr. Alexandre Faisal.

EFFECTS OF EXERCISE IN GDM

Russo LM, Nobles C, Ertel KA, Chasan-Taber L, Whitcomb BW. Physical Activity Interventions in Pregnancy and Risk of Gestational Diabetes Mellitus: A Systematic Review and Meta-analysis. *Obstet Gynecol.* 2015 Mar;125(3):576–82.



This meta-analysis indicate a significant **28% lower risk of GDM (95% CI 9–42%)** among women randomized to exercise during pregnancy

EXERCISE - PREVENTION OF GDM

Neonatal birthweight was lower in the intervention (exercise group) than in the usual care group ($p = 0.008$) as was proportion of large-for-gestational-age (LGA) newborns (12.1% versus 19.7%, $p = 0.042$).

(Luoto et al., 2011)

Exercise training was more effective in reducing the risk of macrosomial infant (RR 0.36, 95% CI 0.13 to 0.99; two trials, $I^2=38\%$).

(Oostdam at al., 2011)



Washington, DC



Recife, Brazil