

Special Issue

Maternal Gestational Diabetes and Its Impact on Fetal Health

Message from the Guest Editor

Gestational diabetes mellitus (GDM) is associated with risks to both mother and child. Consequently, GDM is one of the most important metabolic complications during pregnancy. The benefits of therapies aiming to reduce glucose levels in GDM pregnancies are well-established. Nonetheless, several critical research questions remain unresolved: Firstly, the Hyperglycemia and Adverse Pregnancy Outcomes (HAPO) Study indicated a direct association between maternal glucose concentrations during a 75g oral glucose tolerance test, conducted between the 24th and 32nd weeks of gestation, and adverse perinatal outcomes. It is, however, an ongoing debate regarding whether earlier testing and treatment (before 24 weeks of gestation) could diminish perinatal complications. Secondly, the frequent co-occurrence of fetal overgrowth and maternal obesity may be partially independent from maternal hyperglycemia. This phenomenon is likely driven by a higher degree of maternal insulin resistance in obese mothers; however, research in this area is limited. Thirdly, GDM presents a complex challenge in clinical management due to its phenotypic heterogeneity.

Guest Editor

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