TRANSCRIPT EP3

What is Gestational Diabetes?

[00:00:00] **Dr Darren Green:** Welcome, I'm Dr Darren Green, your host for this mini-series of The Health Rap, powered by Mediclinic. And I'm so pleased you're joining us today. We're in the middle of a series about diabetes, and we've created this for everyone whose life is impacted by diabetes. We've already had fascinating conversations about type 1 and type 2 diabetes, and today we're going to be exploring gestational diabetes, for those that haven't heard the word before.

[00:00:31] **Dr Darren Green:** So next up we'll talk about pre-diabetes, kids and diabetes, and the specific mental health challenges that face people living with diabetes. We've invited expert doctors to join us. So that is what this is truly about. And we hope to share expertise that you can trust. So before we begin, a reminder that the view shared by any of our guests in this podcast may not necessarily reflect the views of Mediclinic.

[00:01:00] **Dr Darren Green:** So please consult a medical professional if you have any concerns, and in particular, if you want to change your medication in any way. So today we'll be talking about gestational diabetes, which for those of you who don't know is diabetes that occurs specifically during pregnancy. That's right, the Centers for Disease Control and Prevention, commonly known as the CDC, defines gestational diabetes as a type of diabetes that can develop during pregnancy in women who don't already have diabetes.

[00:01:34] **Dr Darren Green:** So managing gestational diabetes is critical as it ensures the health of both the pregnant woman and the baby. What's interesting about gestational diabetes is that it can seem as if it's just a pregnancy problem. A woman can fall pregnant, develop gestational diabetes, then give birth and then not have gestational diabetes pretty much as soon as the baby is born. But of course the story is a little bit more complex than that It actually comes down to insulin resistance and as the CDC explains insulin is a hormone that the pancreas makes, and that acts as a key to let blood sugar into the cells to use as energy.

[00:02:18] **Dr Darren Green:** But as we all know, pregnancy releases all kinds of other hormones, and some of these can cause your body's cells to use insulin less effectively, which is known as insulin resistance. The increase for your body's need for insulin. All pregnant women have some level of insulin resistance during late pregnancy.

[00:02:39] **Dr Darren Green:** But some women enter pregnancy with insulin resistance already, which puts them at a greater risk for developing gestational diabetes. So let's hear from Helga Neft, who had a healthy pregnancy with gestational diabetes.

[00:02:55] **Voicenote:** My name is Helga and I've been living with type 2 diabetes for approximately 15 years.

[00:03:00] **Voicenote:** My journey began in 2006. I was pregnant and during my third-trimester gynecologist visit, I was diagnosed with gestational diabetes. It was a confusing and emotional time for me. I was fearful. And despite having the best medical care, I still felt ashamed and guilty. I felt that I'd put my unborn baby at risk.

[00:03:19] **Voicenote:** I felt it was my fault, and I chose not to show my diagnosis with anybody. Despite this, I was very determined. I followed a strict eating plan, I attended all my doctor's visits, I took the prescribed insulin, and my son was born in, at just under a solid 5 kilograms, kicking and screaming. It was joy. It is now 16 years later, and I am speaking about living with diabetes.

[00:03:45] **Voicenote:** Diabetes is not your fault. Self-acceptance was really important and instrumental in my progress. And it is really important, above all, to have the support for your emotional and mental well-being, not only for you, but for your baby.

[00:04:01] **Dr Darren Green:** Welcome Dr Renardo Lourens, excited to have you on this podcast in a field that most people know very little about.

[00:04:10] **Dr Darren Green:** So we are privileged to have a man of your caliber and expertise with us to share this valuable time. I hope that you're not going to send me a bill after this interview.

[00:04:19] **Dr Renardo Lourens:** Well, that will depend.

[00:04:23] **Dr Darren Green:** Now, Renato, tell us quickly, how did you, how did you decide to make this your, your area of expertise as a specialist?

[00:04:30] **Dr Renardo Lourens:** Yeah, that's a very interesting question. Thank you for having me on the show, Darren. A gynecologist was basically not my first choice. I wanted to be a general practitioner, but as things turned out, I wanted a speciality that you build relationship with patients and that can give me a wide variety of specialities because it's obstetrics and gynecology.

[00:04:50] **Dr Renardo Lourens:** So delivering babies and working with women who are not pregnant and women from a young age to menopause, it gives me a broad, sort of view of the different times and with different timelines in a woman's life comes different things. And then, uh, you get to meet the husband, you know, the children, and then it involves many, many specialities.

[00:05:14] **Dr Renardo Lourens:** On a day I will do surgery, laparoscopic on the bladders. You have to do genetics, ultrasounds. Delivering babies. So it's very hands-on. That's why I like it.

[00:05:24] **Dr Darren Green:** And it's such an interesting field because it gives you that contact, as you say, with more than just the patient and, uh, absolutely a wonderful opportunity to do significant things as a carer, basically in the medical field.

[00:05:37] **Dr Darren Green:** So that's very exciting. I must say.

[00:05:40] **Dr Renardo Lourens:** I really enjoy it and currently I'm a urogynecologist and obstetrician and that means I've broadened my field speciality and expertise more into women with bladder problems and pelvic floor prolapses, but I still enjoy delivering babies as well every now and then.

[00:05:57] **Dr Darren Green:** Well, I'm sure this podcast will be shared with those that have been in the past and are still to come.

[00:06:03] **Dr Darren Green:** So we're very excited to chat about this specific topic. And I'm very excited to hear your take on a very, very vulnerable time in a woman's life. Pregnancy is a vulnerable time. I'm sure most of our listeners will agree and an emotional time. Many women might feel that they've done something wrong if they're diagnosed with gestational diabetes.

[00:06:25] **Dr Darren Green:** How would you respond to that?

[00:06:27] **Dr Renardo Lourens:** I think that is a good remark and it's a normal response because a mother is forever the protector of a baby and she wants to just give the best to her baby, but it's not her fault. And the cause of diabetes in pregnancy is the placenta and the placenta produces hormones, that makes our bodies insensitive to insulin. Now, what does that all mean? It means that when you drink sugar, your body uses the insulin to take the sugar out of the bloodstream into the cells, but then insulin is the key and the receptor is the lock, but that lock is changing due to the placenta and it cannot unlock that cell.

[00:07:04] **Dr Renardo Lourens:** So why are some women more susceptible than others? Well, there might be genetic factors, there might be, normally mothers who are a little bit overweight, especially with a body mass index over 35. Mothers who've got twins, it's double the trouble, it's two placentas. More, more risk involved with twins.

[00:07:23] **Dr Renardo Lourens:** Absolutely. Mothers who had had diabetes before, it's got a strong family history. Others with PCOS, sometimes they struggle to fall pregnant because of PCOS. They need ovulation induction. What does that mean? They need a tablet to help them ovulate to fall pregnant.

[00:07:40] **Dr Darren Green:** Yeah. For the listeners, PCOS is the polycystic ovarian disease for those that don't know.

[00:07:45] **Dr Darren Green:** Anyway.

[00:07:45] **Dr Renardo Lourens:** Yes. So again, To you as a lifestyle and exercise sports medicine doctor, I think it's, it's very important that people know that with PCOS, it's again a lifestyle thing and that's the main way of management and the same with gestational diabetes. In the end, what does, how do we manage it in pregnancy?

[00:08:06] **Dr Renardo Lourens:** Well, I think we can come to that a little bit later, but it's not the mother's fault and it's the placenta.

[00:08:11] **Dr Darren Green:** Sure, it's great to know, great perspective, because I think guilt and wondering what I could have done differently is something that a lot of moms wrestle with. But in your practice, I think when you have made this diagnosis, where do you start with practical tips for women with gestational diabetes?

[00:08:28] **Dr Renardo Lourens:** Well, that's a good question. I think before we get to the tips, there's always a reason why we test for them. And so we don't test everybody for diabetes.

[00:08:37] **Dr Darren Green:** So are there warning signs that you perhaps see?

[00:08:40] **Dr Renardo Lourens:** Not always. So we take, we go on risk factors. And as we have mentioned, the BMI, twins, mothers who had previously mothers above the age of 35, especially 40.

[00:08:49] **Dr Renardo Lourens:** And then if there has a strong family history, just a first-degree relative, like a father, mother, brother, sister who had diabetes. Then we do test. So doesn't help that we test for something, then what are we going to do about it, and why do we test them? So now we tell you you've got gestational diabetes, but so what?

[00:09:09] **Dr Renardo Lourens:** Well, there are only really three reasons why, how it's going to make a difference to the pregnancy. Number one is, that there's a risk of stillbirth anytime during the pregnancy, unfortunately, but more so towards the end of pregnancy. So this preg… these pregnancies should not continue more than 39 weeks of gestation.

[00:09:30] **Dr Renardo Lourens:** So between 38 and 39 weeks, they should be delivered no earlier than 38 weeks, we feel, but unless she's very uncontrolled. The second thing is that the babies can be putting on weight quite a bit because now the mother is secreting more insulin and insulin is the key that have to open the lock, but the lock is the receptor and that has changed because of the placenta.

[00:09:54] **Dr Renardo Lourens:** Now the body doesn't realize it and just now produces more and more and more insulin and that insulin is metabolized it's broken down and the by product is going over the placenta and stimulating the growth of the baby, but Darren, it's a disproportionate growth.

[00:10:10] **Dr Darren Green:** Okay

[00:10:11] **Dr Renardo Lourens:** So the shoulders are much bigger than the head and if the baby then moves through the birth canal It can get stuck in the birth canal.

[00:10:19] **Dr Darren Green:** Increased risk. Yes, exactly

[00:10:20] **Dr Renardo Lourens:** Yes, again for shoulder dystocia. That's when the shoulders get stuck once the baby's head is out.

[00:10:26] **Dr Darren Green:** Sure. And that becomes a high-risk pregnancy then in other words, or birthing process where there are all sorts of complications that can occur around the birth process.

[00:10:34] **Dr Renardo Lourens:** But by controlling your sugar during pregnancy, then now that we know that you've got diabetes in pregnancy, we'd reduce that risk by more than 50 percent.

[00:10:44] **Dr Renardo Lourens:** So in the last one is that the mother has got a 25 to 50 percent chance. Of developing gestational diabetes or diabetes, sorry, later on in her life. And I think that is the most important reason why I test women. Yes, it is to know when to deliver the baby. To reduce the risk of shoulder dystocia, but also then to let them know if you don't make lifestyle and management choices about your health, that you are at a high risk of developing diabetes.

[00:11:18] **Dr Darren Green:** So we'll be back with Dr Renardo Lawrence shortly. Before we return to our conversation, though, I wanted to tell you about the Mediclinic 24/7 helpline. Available now to all Mediclinic Prime members. You can call in. With any medical questions that you might have, or if you need help making a doctor's appointment, it's a good idea to save this number right now and have the Mediclinic on your phone if you need to call it.

[00:11:47] **Dr Darren Green:** It's 0860 233 333. And now back to Dr Renardo Lawrence for more expert advice about gestational diabetes. So, I mean, when someone's pregnant, the primary concern is often for the baby. So, uh, what can women do that have gestational diabetes to ensure that their babies are born healthy?

[00:12:12] **Dr Renardo Lourens:** That's very topical question in the field of medicine, and especially with genetics and. A baby is primed genetically inside the uterus and there's been a good evidence done amongst pigs with piglets that if they then create diabetes in the pig, the piglets have a much higher incidence of having diabetes in their lives. So for the mother to control the diabetes in pregnancy, she reduces a hypothetical risk. And it's actually not so hypothetical anymore. It's because a mother who has had gestational diabetes, her daughter has got a very high risk of developing diabetes in pregnancy. So by controlling the sugar in pregnancy, we probably genetically put deep prime that baby the offspring and maybe have a less risk of developing diabetes later on in his or her life that what would have been the baseline if the mother was not diagnosed and treated

[00:13:12] **Dr Darren Green:** Well Dr Lourens your on the money because the National Institutes of Health Reported that the offspring of women with gestational diabetes are eight times more likely to develop type two diabetes later in their life. So very powerful that you've shared that information with us. I think that's definitely a massive take-home message.

[00:13:32] **Dr Renardo Lourens:** That takes me to the next train of thought is that pregnancy is a window of opportunity to look into the, into this patient's future health. What if we did not test her for diabetes? And what could have and would have happened and not happened. But now that we know that she is a diabetic in pregnancy, we can manage that, and with lifestyle, like exercise and good diet, we can manage the majority, more than 90 percent of cases of gestational diabetes, just with exercise. Now we don't mean going running around, we mean 30 minutes brisk walking three times per week, three to five times per week. That's it. And reduce the sugar intake.

[00:14:17] **Dr Renardo Lourens:** It's simple. You don't even always have to see a dietitian. I always refer patients to a dietitian because they look holistic at a diet. But just cutting out your carbs, unnecessary carbs. Carbs is good, but cutting out unnecessary sweets and fruit juices and the chocolate cravings in pregnancy.

[00:14:38] **Dr Darren Green:** They're real! They're real! So doctor, I think there's a common, I don't know if it's a myth or an understanding amongst patients that have gestational diabetes that once the baby has been delivered, they actually can safely just return to their normal condition of health without diabetes. Is this the case and what do they need to know?

[00:14:59] **Dr Renardo Lourens:** Yes, Darren, so there is, there is some truth in that statement, whether they can just go back to their normal state. It is that in majority of cases, once the placenta has been delivered, those hormones that now has led to the development of gestational diabetes is now out of the body. And that the majority of women will just go back to a normal physiological state, it means like they were before. However. And the conversations that we just

had, it means that they may be not ever been just completely healthy because there, there is probably a, um, preexisting diabetes that might've been lurking in the background. That's now been brought out by the pregnancy and the placenta.

[00:15:50] **Dr Renardo Lourens:** And now they're going back to the pre-existing diabetes, but not knowing that they've got preexisting diabetes. Makes sense. So my advice to those women is that. Once you've delivered, you have to continue as if you have diabetes. And they say it's actually not that difficult because we said that the majority of women would control their sugars with just diet and exercise.

[00:16:14] **Dr Renardo Lourens:** And isn't that what you also advocate for patients? You know, as a lifestyle and sports medicine doctor. Yeah. So we all need to get rid of this extra nonsense foods, et cetera. And we can enjoy them every now and then, but I think that's the most important message that I would put out there and don't worry about it too much, just now.

[00:16:34] **Dr Renardo Lourens:** And I think sometimes it's a wake up call for the whole house. You know, the husband sits here and I said, well, you have not been tested, but you. You're also, you know, maybe a little bit extra padding for the winter.

[00:16:58] **Dr Darren Green:** And he's not pregnant. He just looks pregnant. Exactly

[00:16:55] **Dr Renardo Lourens:** And then the other, I say, how's your twins? Maybe we should give you a scan quickly.

[00:16:58] **Dr Darren Green:** We need to deliver that food baby. That's what we need to do.

[00:17:01] **Dr Renardo Lourens:** But the problem is that everybody's always so worried about the pregnancy. But what I say to them, I'm more worried about the two of you. And then they were like, look at me startled. And I said, well, we tested you because you're 40 years old.

[00:17:18] **Dr Renardo Lourens:** You've got diabetes. You still want to live and see the graduation of your child from high school. So, and the dad as well, and here's an interesting statistic just on the age of men being a first-time father, and this is South African data is a first-time father above the age of 50 is risk of dying in 15 years is 50%.

[00:17:39] **Dr Darren Green:** Wow. Half of them will, won't be here by the age of 65 is what you say.

[00:17:43] **Dr Renardo Lourens:** South Africa and Jo'burg data. So by the age of 65, half of them are not present anymore. Sure. That's, that's, that's a big one. So if we're the test, the women for diabetes at the age of 40 or 45, it just means a broader thing. It means it's not just for the offspring.

[00:18:01] **Dr Renardo Lourens:** It's for the kids who are already there. And for the dad as well. So gestational diabetes is really something close to my heart. And I remember from the times when we were training and doing those clinics and the woman trying to find it really, really hard with their limited diets to try and control the bad things.

[00:18:20] **Dr Renardo Lourens:** But in essence, it, it remained the same. It is basic lifestyle. measures that we take. The other thing is just like we ask women to do regular glucose monitorings. Now you don't really have to do that for diabetes in pregnancy. There are two important reasons why we do that. Number one is it keeps themselves accountable to what they eat and they can see what different food types upsets their sugar.

[00:18:48] **Dr Renardo Lourens:** The second thing is it already teaches them how to do their sugar. So if we tell you a woman that you have a 25 to 50 percent chance of developing diabetes later on in life. How must they test? Must they now go to just have a finger prick? It's useless. A finger prick test, it's not very accurate. Must they have a three month blood test?

[00:19:09] **Dr Renardo Lourens:** We know that is also maybe not the whole truth. But by doing a profile for four days, looking at your blood sugar at fasting level, two hours after each meal, they will very soon pick up if they've got impaired glucose or diabetes. That makes sense. And that's the second reason why I asked them to test.

[00:19:26] **Dr Renardo Lourens:** And then also for the husband. Now there is a glucometer at home. And he can test, he can see what's happening to his sugar. So diabetes is a massive burden and I think pregnancy is a wonderful window of opportunity to risk stratify that woman and she can take control completely of her own health. And that's what's making it so beautiful knowing that we can actually test for it.

[00:19:48] **Dr Darren Green:** As in the case with so many other things and women in general, they often are the pioneers and the glue that hold families together and steer us in directions to taking action for our health, regarding our health and pushing us to do something about it. So, uh, yeah, I think, uh, that you've put it in the spotlight quite clearly for us today.

[00:20:09] **Dr Renardo Lourens:** Darren, there's just one more thing I would like to say about maybe it's something that two have addressed very early on, but from our side, but what is it? How do we diagnose gestational diabetes? Is it just one blood test? And the answer is no. We have to challenge the body with sugar. It's not a nice test. So one finger prick test means nothing.

[00:20:32] **Dr Darren Green:** So accurate diagnosis requires more.

[00:20:36] **Dr Renardo Lourens:** More. So that is unfortunately a not-so-nice test. It takes time. You have to be fasted to go to the pathology lab. Normally a doctor should send you to have that test done. Then they give you 75 grams of sugar, why not a hundred like a non-pregnant person?

[00:20:52] **Dr Renardo Lourens:** Well, they just cannot stomach it and most, the majority of them unfortunately vomit with such a high sugar load. So 75 grams and then we wait one hour and two hours after they tested the sugar and we use the WHO classification then to say yes you are diabetic or you know you're not diabetic.

[00:21:10] **Dr Darren Green:** Yep, that makes complete sense.

[00:21:11] **Dr Darren Green:** Oral test glucose tolerance tests for those that want to Google that and want to want to learn more about the details, but certainly not an easy test, but a valuable test in terms of measuring the response. So, yep, I think we've learned quite a bit today about understanding risk profiles, understanding all of that.

[00:21:30] **Dr Darren Green:** What contributes and causes a gestational diabetes, as well as how to identify it in your pregnancy, which parts of pregnancy obviously are more at risk and what the obstetric risk factors are in terms of having, for example, gestational diabetes. So prevention is better than cure. And I think DrLourens you've put that so clearly into the spotlight for us. So Doc, there's a common misconception that it costs more to eat healthily. So when it comes to diabetes and what we put into the generic pie hole, it's important to make good decisions around what a balanced diet is and resources in terms of your socioeconomic conditions do play a role in what staple food people eat, certainly, but I mean, there's a lot more to us making the right decisions on what to eat and what to leave out.

[00:22:24] **Dr Darren Green:** Any comments on that?

[00:22:26] **Dr Renardo Lourens:** Darren, that, that is, um, probably the most practical question in diabetes management. And the short answer is no, it doesn't cost you more. In fact, the more that you spend on your normal bread basket per month, the more likely it is on nonsense foods and on non essential foods. But that's why women should test as well.

[00:22:47] **Dr Renardo Lourens:** Um, a glucometer is not that expensive. It's about 350 to 400 Rands. Now it sounds expensive, but that will last you about 10 years plus. And the sticks are as expensive as a glucometer and that's for 50 sticks. So you, you can easily go through a pregnancy with a hundred sticks. And if you take that over a period of say six months, the costs are not that enormous for anybody to, and it, it, in the government sometimes they even supply the machines.

[00:23:14] **Dr Renardo Lourens:** And the pharmaceutical companies sometimes even supply the machines and Mediclinic I know sometimes supply machines to patients as well. So, we know that the burden of disease are great. Let's go get back to foodstuffs. And then the patient can test, because sometimes we tell them eat oats, they eat oats and then the sugar goes up, but for the other woman it will drop.

[00:23:33] **Dr Renardo Lourens:** And then they will change to Wheatbix. But just plain Weet Bix. And we know Weet Bix is very healthy. Other things we tell them is if you want to eat a fruit, we all of us eat a banana, we eat an apple, but combine that with a little bit of a provita or a dry toast. And that just binds that, that fine sugar and brings the sugar down.

[00:23:57] **Dr Renardo Lourens:** So I think in terms of a diet, I think it's the extra foods. It's, it's the, takeaways and the fruit juices and the cokes and the chocolates

[00:24:09] **Dr Darren Green:** Ah! The drive thrus doctor, the drive thrus.

[00:24:12] **Dr Renardo Lourens:** Yeah. You know, I'm amazed how many there are. They're very profitable, but they are, they are unfortunately a testament going to be a testament to the detriment of the health of the society

[00:24:25] **Dr Darren Green:** True that.

[00:24:26] **Dr Darren Green:** Uh, I think you've made a really good contribution there. And then the other big one, I think loads of listeners want to know is in terms of macro elements and nutrients that are valuable and worth supplementing. Are there any, I mean, I'm, I'm asking you about

electrolytes. I'm asking about things like, uh, elements like iron, calcium, et cetera. What is worth taking?

[00:24:46] **Dr Renardo Lourens:** What is worth taking? So what does the evidence say? So if a woman is planning a pregnancy, she should be on folic acid for at least three months before. Okay. And continue up until 10 weeks. Why? Because it helps preventing a baby born with spina bifida. So spine, spina bifida, it means in two. So that means that the back has opened up in two parts and now the nerves are exposed and those babies have severe physical handicap.

[00:25:20] **Dr Renardo Lourens:** And that is easily preventable by folic acid. Then from there on a woman, if she wants to spend the money on anything, she should go and buy the most expensive iron supplement that she can get because here, the more expensive, the better it is.

[00:25:36] **Dr Darren Green:** Ah, so there's a reason why some are more expensive than others.

[00:25:38] **Dr Renardo Lourens:** 100%. 100%.

[00:25:40] **Dr Renardo Lourens:** Their availability and are they influenced by certain foods, caffeine, the absorption, and that's the biggest problem, the absorption of iron and how it is absorbed. But we've got 25 years of data on the importance of iron in the neurological development of the baby. A lot of the times that mom says, yo, they tested my iron, but they actually tested the hemoglobin.

[00:26:02] **Dr Renardo Lourens:** As we all know, as doctors, you and I know hemoglobin helps us circulate the oxygen through our bodies. However, heme is iron and globin is the protein. So you need iron to make up hemoglobin, but you need to be really iron deficient before your hemoglobin level starts to fall. So by the time that your hemoglobin has dropped, your baby is at a significant risk of having neurodevelopmental problems.

[00:26:29] **Dr Renardo Lourens:** Or, not even problems that baby just could have achieved much more. We're not even talking, you know, 25 years of raw data, good data about how babies improve just with iron supplements. Now. Does that mean a woman should be on folic acid for all her life? No, because folic acid can also increase your risk then for colon cancer.

[00:26:53] **Dr Renardo Lourens:** So it really should be a focus time. And then iron should also be test the iron and that is the ferritin, the storage form of the iron, ferritin.

[00:27:02] **Dr Darren Green:** Yes.

[00:27:03] **Dr Renardo Lourens:** The other supplements that have been shown to be very useful is calcium. But again, calcium in very high dosages, but it's more shown to reduce the risk of preeclampsia and are less on our low socioeconomic classes.

[00:27:17] **Dr Renardo Lourens:** Because the intake of dairy and calcium products is not enough. But in a healthy fed population, it is not necessary. And you can buy the supplements, pregnancy supplements, but it only contains 200 or 500 milligrams of calcium. It's not enough. You can drink two glasses of milk, eat some yogurt and have some nuts and you'll get more than what you need in pregnancy.

[00:27:41] **Dr Darren Green:** Oh, there you go. So yeah, uh, natural food and consuming the healthy products, obviously always better than taking, uh, you know, synthetic supplements. A hundred percent. Because there's a lot more to gut health than just popping a pill every day, isn't there?

[00:27:56] **Dr Renardo Lourens:** Now you're touching a really important subject, gut health and gut health is so an important health and I think it's refined foods and the oncologist tells us that they are seeing an increase in in younger women and younger people getting colon cancer.

[00:28:14] **Dr Renardo Lourens:** And I think you've put the hammer on the nail's head there.

[00:28:17] **Dr Darren Green:** I get you. So, I mean, I'm excited about that field and development in that field, research in that field, as we look at, at gut health, the microbiome and the whole query of inflammation and how it plays on, on the different body systems, including pregnancy as well.

[00:28:33] **Dr Darren Green:** So I look forward to, to us, uh, you know, obviously digging deeper as research unfolds. to, uh, to get more and more useful evidence-based medicine in that field.

[00:28:43] **Dr Renardo Lourens:** Definitely. Huge subject for research currently going on with that microbiome involving the bladder as well. And so it's, it's really topical. Just on other supplements, what about the omegas? What about just pregnancy supplements? Well, to be frankly, there's no evidence and the omega for brain development. The evidence is really, And I think where it will make a difference is again, in our lower-resourced communities, our low socioeconomic class, because they cannot afford proper food.

[00:29:17] **Dr Renardo Lourens:** So I always urge patients before you go and buy the most expensive one, go and buy it, but then go and drop it at your nearest government clinic for those women in antenatal care, because we know that that that's where it will make a difference. But for you as the patient in a, in the private setting, I, I really think that the most basic supplement is probably good enough, but let's rather test your eye and let's spend money there.

[00:29:43] **Dr Renardo Lourens:** And then also B12. I think earlier on during our conversations, you elicited or alluded to B12. B12 is very important for the baby's neurodevelopment as well. So. If the iron is normal and they're very tired, I do a B12 and, and many a times I've found a low B12.

[00:30:02] **Dr Darren Green:** Now, I think you've made a really good contribution.

[00:30:04] **Dr Darren Green:** And then the other big one, I think loads of listeners want to know is in terms of macro elements and nutrients that are valuable, uh, and worth supplementing, are there any, I mean, I'm, I'm asking about electrolytes. I'm asking about things like, uh, elements like iron, calcium, et cetera. What is worth taking?

[00:30:24] **Dr Renardo Lourens:** I think it's almost more in your field of lifestyle, sports medicine and exercises, living a healthy life. From the outset, start your pregnancy healthily. And if there are any doubts on your diet, rather get advice before you fall pregnant. Because I think prevention is always better than cure. But then again, that's why pregnancy is such a wonderful window of opportunity to look into the future.

[00:30:48] **Dr Renardo Lourens:** You've mentioned it before, it's not the mother's fault. It's not her fault. She's not done anything wrong. And it's just knowing why we test for it and tackle it head on and you'll have a good pregnancy.

[00:31:00] **Dr Darren Green:** No, true that. So yep, pregnancy certainly puts its body through its paces. That increased physiological load on the body and the massive amount of changes that the human body undergoes during pregnancy certainly is very important.

[00:31:16] **Dr Darren Green:** And for those of us that can plan and should plan ahead of time, get your body into its best possible shape before falling pregnant. And if you are already pregnant, then look after it and take it through obviously the necessary steps to ensure that you can ensure being present beyond the birth of the beautiful miracle of life that you carry within you.

[00:31:38] **Dr Darren Green:** So Dr Lawrence, thank you very much. I've enjoyed chatting to you, your insights, your expertise. It's been a magnificent experience. Thank you so much.

[00:31:47] **Dr Renardo Lourens:** And thank you very much, Darren, for your podcast and series. We, we really enjoy it and thank you for the great work you're contributing to.

[00:31:57] **Dr Darren Green:** A big thank you to Dr Renardo Lourens for sharing his time and expertise with us. It's been really eye opening taking a closer look at gestational diabetes. Now, we all know just how emotional pregnancy can be, and adding gestational diabetes to the mix can make it feel even more intense. For any woman with gestational diabetes listening to this, we want to remind you that you didn't do anything wrong, and that your body is just doing what it has to to keep your baby healthy.

[00:32:30] **Dr Darren Green:** We're so glad you took the time to listen to this podcast, so continue taking good care of yourself. So from me, your host, Dr Darren Green, that's it for this episode of the health rap podcast powered by Mediclinic. Thanks again to Dr Renato Lourens for joining us today and for your trusted expertise.

[00:32:51] **Dr Darren Green:** Don't forget to subscribe to our podcast channel and sign up for the Mediclinic prime newsletter full of helpful health information. You'll find the link in the show notes. Yes, to you living your best life.