The physical exercise, an alternative in the treatment of the gestational diabetes

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INTRODUCTION
It is calculated that between a 4 and 9% of the pregnant women developed gestational diabetes, historically the women in this situation have not had the possibility to treat this complication with the exercise, but actually this situation has changed with the physical exercise integrated in the human being life.
The objective of this research work is to offer a proposal that use the physical activity as therapeutic agent for the treatment of the diabetes.

METHODS
We propose a program of aerobic and moderate physical activity (no more than 130 lat/min): Long daily walks of approximately 30 minutes, with a warm up of soft exercises of mobility and respecting a series of basic contraindications for exercise during pregnancy.
Some example of movements:
• Walking of diverse ways, low impact and stretching (warm up)
• Shoulder shrugs and rotations
• Arms elevations and rotations
• Legs elevations and rotations
• Pelvic tilts and rocks
• Stretching and relaxation exercises (could-down)

DISCUSSION
During pregnancy, the endocrine system and metabolic characteristics are involved in significant changes.
The metabolic demands of pregnancy are considerable because the energy for foetal development is derived primarily from glucose and the increasing insulin resistance during pregnancy increases maternal fat utilization and impeded maternal glucose utilization to provided glucose for the foetus.
High circulating levels of glucose exist in the maternal blood, especially in the second half of the pregnancy.
For a variety of reasons, pregnancy is considered a “diabetogenic experience”.
However, during exercise, glucose uptake and metabolism in exercising muscles are increasing for some time after exercise, presumably because of the insulin independent-effects of contractile activity.
Current management of gestational diabetes consist of diet and careful monitoring of fasting and postprandial glucose levels. The goal of therapy is maintenance of euglycemia. When euglycemia is not achieved by diet alone, insulin therapy is recommended.
In the last years the validity of the physical exercise as a basic agent has been demonstrated in the treatment of the hyperglycaemia, relative to that the panorama in this problem has changed significantly.

CONCLUSION
It is necessary to find varying that facilitate that the pregnant women with gestational diabetes can overcome their complication with other alternatives that allow them to enjoy the physical exercise.
Cardiovascular conditioning exercise facilitates glucose utilization by increasing insulin binding to and affinity for its receptor.
The effects of exercise on glucose metabolism became apparent after 4 weeks of training and appeared to impact both hepatic glucose output (as reflected by fasting glucose levels) as well as glucose clearance (as reflect by glucose values after a 50 g oral).

REFERENCES