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HIGHLIGHTS:

Gestational diabetes increases risks of complications for pregnant women and their unborn babies. A new maternal-fetal medicine specialist at Cedars-Sinai Medical Center says, Recent literature indicates that some women who develop this disorder can be treated with a tablet instead of insulin injections. “Pregnancy gives me an opportunity to educate women in how to make healthy lifestyle choices – including a healthy diet and exercise – not just for the duration of their pregnancy, but for the rest of their lives,” says M. Lisa Bartholomew, MD.

NEW MATERNAL-FETAL MEDICINE SPECIALIST DELIVERS EXPERTISE IN GESTATIONAL DIABETES

LOS ANGELES, CA (March 17, 2004) – When the pregnancy test comes back positive, most women give their health and lifestyle choices much more thought, at least for the next nine months. The way they take care of themselves suddenly influences the well being of a new little life growing inside. A new maternal-fetal medicine specialist at Cedars-Sinai Medical Center sees this as an opportunity of a lifetime.

“Pregnancy gives me an opportunity to educate women on how to make healthy lifestyle choices - including a healthy diet and exercise - not just for the duration of their pregnancy, but for the rest of their lives,” says M. Lisa Bartholomew, MD. “This is especially important for women with gestational diabetes because they have a 50 percent chance of developing adult onset diabetes in the future. If they can begin a healthy lifestyle during their pregnancy and continue into future years, the chances of developing long-term health conditions like adult onset diabetes or heart disease are greatly reduced.”

Dr. Bartholomew has a particular interest in gestational diabetes – the type of diabetes that occurs only during pregnancy and disappears after birth. It affects about three to five percent of pregnant women on average, although these numbers vary by ethnicity and body weight. Hispanic and Native American women, especially those who are overweight, have higher levels of gestational diabetes than non-Hispanic white women. They also have a higher risk of developing type adult onset diabetes within the next 20 years. The epidemic of obesity in the United States is increasing the incidence of all types of diabetes within all ethnic groups, including gestational diabetes.

Like other types of diabetes (childhood onset and adult onset), gestational diabetes affects the way the body uses its main source of fuel, glucose (sugar). Diet and exercise are the most important parts of treatment even if medications are needed. If undetected, untreated, or sub-optimally treated the disorder increases risks of complications during pregnancy. These complications include an increased incidence of large birthweight, difficulty deliveries, vaginal lacerations, and cesarean deliveries. In severe cases, miscarriage or stillbirth can

occur. Babies born to women with gestational diabetes are at increased risk of having slower lung development, jaundice, low blood sugar and other conditions that could require medical intervention and a longer hospital stay for the newborn. If treated optimally, the incidence of the above complications approaches the baseline for the normal population.

“In my research, I am interested in improving the care of women with gestational diabetes, particularly by looking for ways to increase options for treatment,” says Dr. Bartholomew. “Recent literature indicates that some women who develop this disorder can be treated with a tablet instead of insulin injections when diet and exercise aren’t enough to control the blood sugar levels. I feel compliance would be better if a woman takes a pill to control her disease rather than an injection. These findings, although encouraging, need to be more thoroughly investigated before it can become standard of care.”

Obstetrician-gynecologists with three additional years of training in the management of complicated pregnancies are called Maternal-Fetal Medicine Specialists. These specialists collaborate with primary obstetricians when high-risk situations threaten mom or fetus. If a woman has a pre-existing medical problem that could compromise her ability to carry and deliver a baby, a maternal-fetal specialist may be involved from the beginning. If a pregnancy-related condition arises, such as gestational diabetes or preeclampsia (pregnancy-induced high blood pressure), a specialist may assist in treating the mother and fetus later in the pregnancy. Most maternal Fetal Medicine specialists are trained in high-resolution ultrasound and procedures like amniocentesis. They participate in the diagnosis and management of birth defects and genetic problems prior to birth.

Maternal-fetal medicine used to be known as perinatology, a term that was often confused with neonatology. While perinatologists specialize in the care of pregnant women and their unborn babies, neonatologists specialize in the care of the newborn, particularly premature babies and those with medical problems at birth.

Dr. Bartholomew received her medical degree from the University of Miami School of Medicine. She completed her residency in obstetrics and gynecology at Boston City Hospital / Boston University Medical Center, and her fellowship in maternal-fetal medicine at George Washington University Medical Center. Before joining the staff of Cedars-Sinai, she was on staff at Kapiolani Medical Center for Women & Children in Honolulu, Hawaii, where she co-developed a program extending the management of gestational diabetes to rural areas.

Dr. Bartholomew works together with seven other physicians in the division of Maternal Fetal Medicine at Cedars-Sinai Medical Center to provide consultation, ultrasound, and prenatal diagnosis. All of the members are also active in medical education and research. Cedars-Sinai is one of the largest nonprofit academic medical centers in the Western United States. For the fifth straight two-year period, it has been named Southern California's gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities.

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