

Gestational Diabetes

What is it?

Gestational diabetes is a form of diabetes that occurs during pregnancy. Although it usually goes away after the baby is born, it does bring health risks for both mother and baby.

If you have gestational diabetes, it's important to follow the advice in this handout. By working with your healthcare team and managing your condition at home, you can help ensure good health for you and your baby.

What causes gestational diabetes?

There are several different types of diabetes. In all types, the body can't efficiently produce or use **insulin**, a hormone that allows cells to turn **glucose** (sugar) into usable fuel.

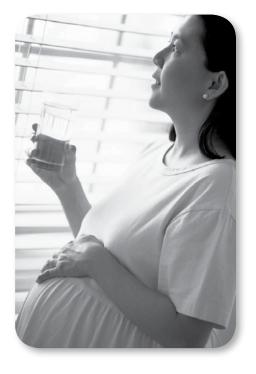
When you're pregnant, pregnancy hormones make it harder for insulin to move glucose from your blood into the cells. This is called **insulin resistance**. If your body can't produce enough insulin to overcome the effects of insulin resistance, you'll develop gestational diabetes.

What health risks does it bring?

Unless your gestational diabetes is well controlled, you and your developing baby are likely to have high blood glucose (too much glucose in the blood). This can cause problems for both of you during the pregnancy, at the birth, and in the years to come.

Potential problems for your baby:

- Your baby may be born prematurely (too soon). There is also a small chance that your baby will be stillborn (die before birth).
- Your baby may grow unusually large before birth, which can make delivery difficult. Babies of mothers with gestational diabetes have higher rates of birth trauma than those whose mothers don't have the condition.
- After birth, your baby may have trouble breathing.
 Your baby may also have jaundice and low blood glucose.



Gestational diabetes occurs in about 6% of pregnancies.

Your baby may develop diabetes later in life.
 Studies also show an increased risk of obesity in childhood and beyond.

Potential problems for you:

- You have an increased chance of developing preeclampsia during pregnancy. Preeclampsia is a complex condition that causes high blood pressure and poor blood flow to your organs and your baby. If it's very severe, preeclampsia can be life-threatening for both mother and child.
- You have a greater chance of needing a C-section delivery of your baby. This is linked to the greater chance that your baby will be unusually large.
- You may develop type 2 diabetes later in life. Also, if you get pregnant again, you're more likely to have gestational diabetes then as well.



Who tends to develop gestational diabetes?

Any woman might develop gestational diabetes during her pregnancy. However, if you answer "yes" to any of these questions, you may be at increased risk:

- Are you overweight?
- Do you have a parent, brother, or sister with diabetes?
- Are you a member of an ethnic group with an increased risk for gestational diabetes (for example, Hispanic, Native American, African American, Asian, or Pacific Islander)?
- Are you older than 25?
- Have you ever been told you have prediabetes or higher-than-normal blood glucose levels?
- Did you have gestational diabetes when you were pregnant before, or have you given birth to a baby larger than 9 pounds?

Talk to your doctor or midwife about any risk factors you have.

How is it diagnosed?

Women with gestational diabetes often have no symptoms. For this reason, experts recommend a **glucose screening test** between the 24th and 28th week of pregnancy. If you've had gestational diabetes in a previous pregnancy, you may also have screening earlier in this pregnancy.

If the results from this one-hour glucose screening test are abnormally high, you may be asked to do a **3-hour glucose tolerance test**. If 2 out of 4 values on the tolerance test are high, your doctor will diagnose gestational diabetes.

Does my baby need to be tested?

If you have gestational diabetes, your doctor or midwife may suggest tests to evaluate your baby's health during the pregnancy. Examples include:

- Baby kick count: keeping track of the baby's movements.
- **Non-stress test:** monitoring fetal heart rate over a short period of time.
- **Ultrasound**: creating an image of the fetus.

These tests, along with treatment for your diabetes, lower your baby's chances of having problems. With good care and management for your diabetes, you have an excellent chance of delivering a healthy baby.

How is gestational diabetes treated?

Your doctor or midwife will work with you to develop a gestational diabetes treatment plan. You may also work with a registered dietitian (RD) or a diabetes educator.

Use the back of this handout to write down the names and phone numbers of your healthcare team.

Your team will develop a treatment plan that is tailored to your needs and describes in detail what you should do. The main goal of your plan is to make sure your blood glucose is controlled during your pregnancy. It may include some or all of these elements:

- A meal plan. A meal plan gives guidelines and example foods for your daily diet. It can help you control your blood glucose and ensure good nutrition for you and your baby.
- Consistent, moderate exercise. Exercise helps your body use insulin better, as long as you do it safely. Consult with your healthcare team before starting an exercise program.
- Self-testing of blood glucose. Self-testing requires you to prick your finger to get a small sample of blood, then use a glucose meter to measure the amount of glucose in the sample. Your healthcare team can show how to do this. (Different meters work in slightly different ways.) Your team can also help you understand the results so you'll know if your blood glucose is too high, too low, or just right.

- Medication. Your doctor may prescribe oral medication (pills) or insulin to help control your blood glucose.
- Regular meetings with your healthcare provider. If you have gestational diabetes, it's especially important to make and keep regular prenatal appointments. Your doctor or midwife needs to monitor your condition carefully. As your pregnancy progresses, your provider can adjust your treatment as needed and help you plan for a safe delivery.

Tips for making your treatment plan effective

As you can see, your day-to-day choices play a big part in helping you manage your gestational diabetes. Follow the tips below to make the most of your treatment plan:

- Be consistent. Stick to the exercise plan you discussed
 with your healthcare provider. Try to eat meals and
 snacks at consistent times during the day. Don't stop
 eating to try to control your blood glucose. This can
 be harmful to you and your baby.
- Pay attention to your body. Keep in mind that you have different nutritional needs now that you're pregnant especially since you're also working to manage your diabetes. For example, you may need more calories, iron, calcium, protein, and folic acid. Follow your meal plan, but don't be surprised if it needs to change during your pregnancy. Stay in contact with your healthcare providers to ensure healthy eating throughout your pregnancy.
- Play it safe. Every woman should avoid smoking, alcohol, and drugs during her pregnancy. You should even be careful with over-the-counter medications. Check with your doctor or midwife before taking any medication.





Self-testing of blood glucose. Your healthcare provider can show you how to do this and what the results mean for you.



What happens after I deliver my baby?

Within the first three months after your baby is born, you'll be checked for diabetes. For most women, the condition disappears after delivery. However, if your diabetes has continued, you'll need treatment. And even if it goes away, you have good reason to **stay in contact with your healthcare provider**:

- You have high risk of developing diabetes. Your doctor may be able to help you prevent diabetes or at least catch it early. From now on, you need to get a test for diabetes at least every three years (Remind your doctor!) Diabetes must be well managed to help prevent serious health problems.
- You need to prepare carefully for any future pregnancies. Since you're more likely to have gestational diabetes in these pregnancies as well, you and your doctor can work to prevent, detect, and manage it as needed.

When to call your doctor or midwife

Call your doctor or midwife if you develop any of the symptoms of high blood sugar listed below.

- Symptoms of high blood sugar. These include:
 - Excess thirst
 - A frequent need to urinate (pee)
 - Fatigue
- Symptoms of low blood sugar. These include:
 - Confusion or dizziness
 - Feeling shaky
 - Headaches
 - Sudden hunger
 - Sweating not explained by exercise
 - Weakness

If your symptoms are severe — or if they are rapidly becoming worse — **call 911**.

My gestational diabetes

healthcare team

| ileartificate team |
|----------------------------------|
| Doctor or midwife: Phone: |
| Registered dietitian (RD):Phone: |
| Diabetes educator: |

My gestational diabetes

treatment plan

A diabetes educator and registered dietitian (RD) may work with you and your doctor or midwife to create your treatment plan. Use the space below to record the elements and details of your individual plan.

| → meai pian | |
|---------------------------------|--------------|
| | |
| | |
| | |
| | |
| | |
| 🗖 exercise plan | |
| | |
| | |
| | |
| | |
| □ self-testing of blood glucose | |
| | |
| | |
| | |
| | |
| ■ medication | |
| | |
| | |
| | |
| | |