Gestational Diabetes Mellitus (GDM)

What is GDM?

Gestational [je-STAY-shun-uhl] **diabetes mellitus (GDM)** is a form of diabetes that occurs during pregnancy. Although it usually goes away after the baby is born, it does increase health risks for both mother and baby.

If you have GDM, it's important to work with your healthcare providers to manage your condition at home to help ensure good health for you and your baby.

What causes GDM?

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

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 GDM.

Who tends to develop GDM?

Any woman can get GDM during pregnancy. However, you may have a higher risk if you:

- Are overweight
- Have a parent, brother, or sister with diabetes
- Are a member of an ethnic group with a higher risk for GDM (for example, Hispanic, American Indian, African American, Asian, or Pacific Islander)
- Are older than 25 years
- Have ever been told you have prediabetes or higher-than-normal blood glucose
- Had GDM when you were pregnant before, or have given birth to a baby heavier than 9 pounds

On average, between 2 and 10 out of every 100 women develop GDM during pregnancy.

How is GDM diagnosed?

Women with GDM often have no symptoms. For this reason, you should have a **glucose screening test** between the 24th and 28th week of pregnancy. If you've had GDM in another pregnancy, you may need to have screening earlier in this pregnancy.

If the results from this 1-hour glucose screening test are abnormally high, you may be asked to do a **3-hour glucose tolerance test.** This test will tell your healthcare provider for sure if you have GDM.

What are the health risks of GDM?

Unless your GDM is well managed, you and your developing baby are likely to have high blood glucose (too much glucose in the blood). This can cause problems for both you and your baby.

Potential problems for your baby:

- **Your baby may be born too soon (premature).** There is also a **very** 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 GDM have higher rates of birth trauma than those whose mothers don't have GDM.
- **After delivery, your baby may have trouble breathing.** Your baby may also have jaundice and low blood glucose.
- **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** [pree-eh-KLAMP-see-uh] **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 you and your baby.
- **You have a greater chance of needing a C-section delivery.** This is often because your baby may be unusually large.
- **You have a higher risk of developing type 2 diabetes later in life.** About half of women who have GDM are likely to develop type 2 diabetes mellitus within 10 to15 years.

Does my baby need to be tested?

If you have GDM, your healthcare provider may suggest tests to check your baby's health during the pregnancy. Examples include:

- **Baby kick count:** Keeping track of your baby's movements.
- **Non-stress test:** Monitoring the fetal heart rate over a short period of time.
- **Ultrasound:** Creating an image of your baby with sound waves.

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

How is GDM treated?

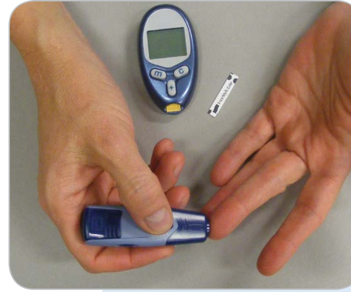
Your healthcare provider will work with you to develop a GDM treatment plan. You may also work with a registered dietitian nutritionist (RDN) or a diabetes educator. Your team will create a treatment plan that is specific to your needs.

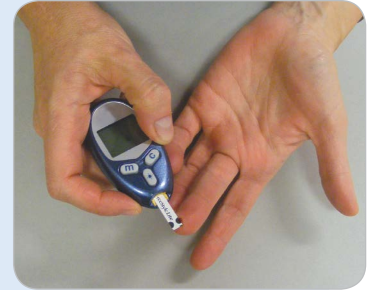
Be sure to write down the names and phone numbers of your healthcare team in the space provided on this handout and keep it in a place where it's easy to find.

Making a plan

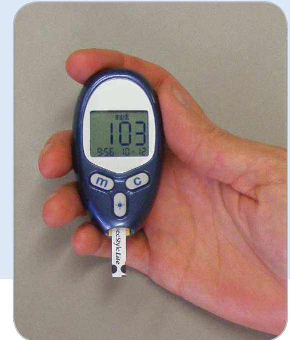
The main goal of your plan is to keep your blood glucose managed during your pregnancy. It may include some or all of these elements:

- **A meal plan** is a schedule with examples of which foods to eat every day. It can help you manage your blood glucose and ensure proper nutrition for you and your baby.
- **Consistent, moderate exercise** helps your body use insulin better, as long as you do it safely. Before you get started, talk with your healthcare team about what kind of exercise is best for you.
- **Self-testing of blood glucose** 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 you how to do this. They will also help you understand the results so you'll know if your blood glucose is too high, too low, or just right.
- **Prescription medicine** for pills or insulin shots to help manage your blood glucose.
- **Regular meetings with your healthcare provider** to monitor your condition carefully. If you have GDM, it's especially important to go to all of your regular prenatal appointments. As your pregnancy moves along, your provider can change your treatment as needed and help you plan for a safe delivery.





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



When should I call my doctor?

Call your healthcare provider if you see frequent blood sugar readings above or below the target ranges given to you by your healthcare team.

Recommended target blood glugose ranges are:

- Fasting: **Less than** 95 mg/dL
- 1 hour after eating: **Less than** 140 mg/dL
- 2 hours after eating: **Less than** 120 mg/dL

My GDM Healthcare Team

Healthcare Provider:

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Phone: ____________________________

Registered Dietitian (RD):

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Phone: ____________________________

Diabetes Educator:

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Phone: ____________________________

Tips for making an effective treatment plan

Your day-to-day choices play a big part in helping you manage your GDM. Follow the tips below to make the most of your treatment plan:

- **Stick to the plan you discussed with your healthcare provider.** Follow your exercise plan. Try to eat meals and snacks at regular times during the day. **Don't stop eating to try to manage your blood glucose.** This can hurt you and your baby.
- **Pay attention to your body.** You have different nutritional needs now that you're pregnant and working to manage your diabetes. For example, you may need more calories or nutrients, such as 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 provider to ensure healthy eating throughout your pregnancy.
- **Play it safe.** Don't smoke, drink alcohol, or take street drugs during your pregnancy. You should even be careful with over-the-counter medicines. **Check with your healthcare provider before taking any medicine.**

What happens after I deliver my baby?

Work with your pregnancy provider to ensure you are screened for diabetes at your 6-to-12-week visit after delivery. If the test is normal, remember to have a diabetes screening at least every 3 years.

Since you're more likely to have GDM again, you may be screened for GDM earlier in future pregnancies.

My GDM Treatment Plan

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

Meal Plan

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Exercise Plan

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Self-testing of Blood Glucose

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Medicine

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