

Gestational Diabetes Mellitus (GDM)

What is it?

Gestational [je-STEY-shuhn-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 bring health risks for both mother and baby.

If you have GDM, it's important to follow the advice in this handout. By working with your healthcare providers and managing your condition at home, you can 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.

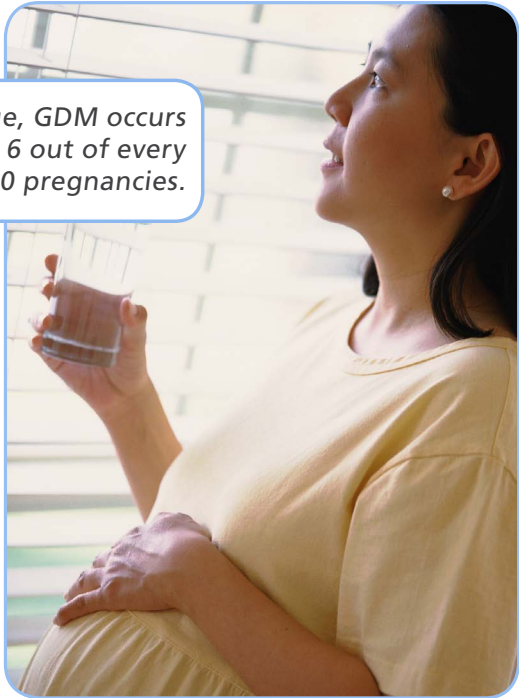
When you're pregnant, pregnancy hormones make it harder for insulin to move glucose from your blood into the cells. This is called **insulin resistance**. If your body can't produce enough insulin to overcome the effects of insulin resistance, you'll develop GDM.

What are the health risks of GDM?

Unless your GDM 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 during delivery, and in the years after.

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 GDM 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.



On average, GDM occurs in about 6 out of every 100 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** [pree-i-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 getting type 2 diabetes later in life.** Between 2 and 6 of every 10 women who have GDM will get type 2 diabetes before their baby is out of school.



Who tends to develop GDM?

Any woman can get GDM during pregnancy. However, if you answer “yes” to any of these questions, you may have a higher risk:

- Are you overweight?
- Do you have a parent, brother, or sister with diabetes?
- Are you a member of an ethnic group with a higher risk for GDM (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 GDM when you were pregnant before, or have you given birth to a baby larger than 9 pounds?

Talk to your healthcare provider about your “yes” answers.

How is it 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 one-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.

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 the baby’s movements.
- **Non-stress test:** Monitoring fetal heart rate over a short period of time.
- **Ultrasound:** Creating an image of the baby with sound waves.

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 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. **Write down the names and phone numbers of your healthcare team on page 4 of this handout.** Your team will create a treatment plan that is specific for your needs and gives details on 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:

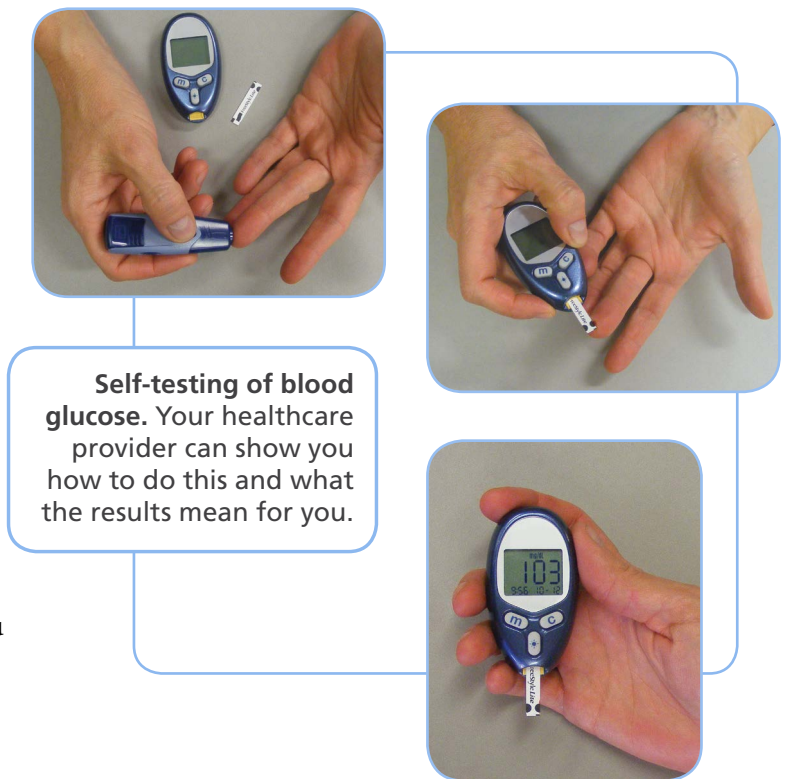
- **A meal plan.** A meal plan is a schedule with examples of which foods to eat every day. It can help you control your blood glucose and ensure good nutrition for you and your baby.
- **Consistent, moderate exercise.** Exercise helps your body use insulin better, as long as you do it safely. Before you get started, talk with your healthcare team about what kind of exercise is best for you.
- **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 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.

- **Medicine.** You may need a prescription for oral medicine (pills) or insulin to help control your blood glucose.
- **Regular meetings with your healthcare provider.** If you have GDM, it's especially important to go to all of your regular prenatal appointments. Your healthcare provider needs to monitor your condition carefully. As your pregnancy moves along, your provider can change your treatment as needed and help you plan for a safe delivery.

Tips for making your treatment plan effective

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 control 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?

You'll be checked for diabetes within 6 to 12 weeks after delivery. For most women, the condition will have disappeared. However, if you still have diabetes, you'll need treatment for these reasons:

- **You have higher risk of developing diabetes.** Your doctor may be able to help you prevent diabetes — or at least catch it early. **You will need to get a diabetes test at least every three years after your pregnancy. (Remind your healthcare provider.)** 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 GDM in your next pregnancies, you and your healthcare team can work to prevent, detect, and manage it as needed.

When to call your healthcare provider

Call your healthcare provider if you have any of the symptoms of high blood sugar listed below:

- **Symptoms of high blood sugar:**
 - Thirsty a lot
 - A frequent need to urinate (pee)
 - Feeling tired all of the time (fatigue)
- **Symptoms of low blood sugar:**
 - Confusion or dizziness
 - Feeling shaky
 - Headaches
 - Sudden hunger
 - Sweating not from exercise
 - Weakness

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



My GDM healthcare team

Healthcare provider:

Phone: _____

Registered dietitian (RD):

Phone: _____

Diabetes educator:

Phone: _____



My GDM Treatment Plan

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

Meal plan

Exercise plan

Self-testing of blood glucose

Medicine

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