

Gestational Diabetes

What Is It?

Gestational diabetes mellitus (GDM) is the most common problem of pregnancy. It affects about 4 percent of all pregnancies. GDM occurs when the blood sugar (glucose) is higher than normal during pregnancy. Depending on risk factors, a woman may or may not be screened for it.

Risk Factors

Women are at risk who:

- ▶ Had a previous pregnancy with gestational diabetes.
- ▶ Had a baby born weighing over 9 pounds.
- ▶ Are overweight or obese.
- ▶ Are more than 25 years old.
- ▶ Have a family history of diabetes.
- ▶ Are African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander.
- ▶ Are being treated for HIV.

They should be screened at their first doctor visit. If their first screening is normal, they need testing again between the 24th and 28th week of pregnancy.

Women with the following risk factors are at moderate risk for GDM. They should be screened between the 24th and 28th week of their pregnancy.

- ▶ Over age 25
- ▶ Are overweight but not obese
- ▶ Have an African-American, Hispanic, Native American, or Asian and Pacific Islander background

- ▶ Some history of diabetes in close family members
- ▶ Past history of losing a baby
- ▶ Past history of having a fasting blood sugar above 110 mg/dl but less than 126 mg/dl

If a woman has none of these risk factors, screening probably is not needed.

Diagnosing Gestational Diabetes

Most women are screened for gestational diabetes at 24–28 weeks gestation during prenatal care. If you or your health care provider has concerns, your health care provider may screen you earlier.

Treatment

If a woman has GDM, she will first be treated with a special meal plan and exercise. Walking and swimming are good exercises for her. If diet and exercise are not enough, then she may need insulin. Diabetes pills are not used since they may hurt the baby. The woman must check her blood sugar every day with a blood sugar monitor to see if her diabetes is controlled. High blood sugar levels are bad for a mother and her baby.

A dietitian or nutritionist should help design the meal plan. How the woman's starches and sugars (carbohydrates) are spaced during the day will depend on her blood sugar readings. Carbohydrates have the greatest effect on the blood sugar. She and her baby will need to gain weight but not too much. The mother may need to check her urine for ketones (which show a rapid breakdown of fat for energy) to be sure she has enough calories. Ketones may harm the baby.

If the baby is not too large, a cesarean section usually is not needed. After delivery, the baby will be watched for any problems like jaundice or a sudden drop in blood sugar.

Six weeks after delivery, the woman will be checked again to be sure she no longer has diabetes. If her blood sugar is normal, she will need a blood sugar test at least every 3 years. Women who have had GDM are more at risk for getting type 2 diabetes later. If a woman keeps her weight under control through healthy eating and regular exercise, she will be less likely to get type 2 diabetes.

Children of women with GDM are also more at risk for getting diabetes later. They need their blood sugar checked regularly and should adopt healthy eating and activity patterns from birth.

Questions to Ask Your Medical Team if You Have GDM

1. What kind of meal plan should I use and what kind of exercise should I do?
2. How often should I check my blood sugar, and what should my blood sugar range be?
3. Should I be testing for ketones in my urine?