

Gestational Diabetes

What Is It?

Gestational diabetes (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 who are at high risk have one or more of the following traits:

- Obesity
- Past history of gestational diabetes
- Sugar in the urine
- A strong history of diabetes in the family

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 to 28th week of their pregnancy:

- Age over 25
- Being 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 glucose above 110 mg/dl but less than 126 mg/dl

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

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 glucose every day with a blood glucose monitor to see if her diabetes is controlled. High blood glucose 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 glucose readings. Carbohydrates have the greatest effect on the blood glucose. 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 glucose.

Six weeks after delivery, the woman will be checked again to be sure she no longer has diabetes. If her blood glucose is normal, she will need a blood glucose 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.

Also children of women with GDM are more at risk for getting diabetes later. They need their blood glucose 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 glucose, and what should my blood glucose range be?
3. Should I be testing for ketones in my urine?