

# Gestational Diabetes

**G**estational diabetes is a type of diabetes that can develop during pregnancy. Fortunately, the problem usually disappears when pregnancy ends. With proper care, women with gestational diabetes can have a safe, healthy pregnancy, but if left untreated, the condition can cause problems for both mother and baby.

## What causes gestational diabetes?

Diabetes (diabetes mellitus) prevents the body from fully changing foods into energy that the body can use. In normal digestion, the body changes foods into a form of sugar called glucose. With the help of insulin (a hormone produced in the pancreas), glucose is absorbed by body cells and eventually converted to energy. In gestational diabetes, the body is not able to make and use all the insulin it needs, partially because hormones from the placenta may interfere with normal insulin use. A high level of glucose in the blood (high blood sugar) can develop while not enough glucose gets to the tissues and organs.

## Who is at risk for gestational diabetes?

Although any woman can develop gestational diabetes, certain factors can increase the risk. Women with a family history of diabetes or a personal history of higher than normal glucose levels are at increased risk. Other risk factors include being overweight or over the age of 25. Women who had gestational diabetes during a previous pregnancy, a baby weighing more than 9 pounds (4,082 grams), or a stillbirth are also at higher risk. In addition, certain ethnic groups are at increased risk. Talk to your healthcare professional about your potential risk.

## When is gestational diabetes diagnosed?

Tests for gestational diabetes are usually performed at the end of the second or beginning of the third trimester. If you are at special risk, however, your healthcare professional may wish to test you at an earlier date. Testing for gestational diabetes is particularly important because women with the condition usually do not experience any noticeable symptoms. The most common methods of testing involve consuming a glucose drink and then measuring the blood sugar level some time later. Healthcare professionals usually perform more than one test before making a definitive diagnosis.



## How can gestational diabetes harm my baby?

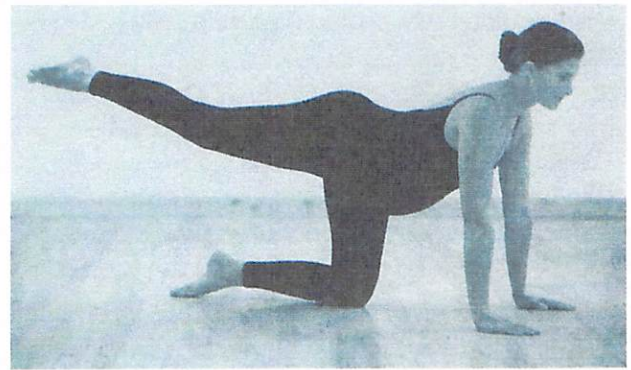
Gestational diabetes typically develops late in the second trimester after the baby's body has formed. For this reason, gestational diabetes does not carry the risk of birth defects associated with other forms of diabetes. However, there are health risks for both mother and baby if gestational diabetes is not treated or controlled.

Because sugar—like some other substances—passes from mother to baby through the placenta, a mother with high blood sugar levels can have a baby with high blood sugar levels. To eliminate the extra sugar, the baby's pancreas will then make extra insulin. As a result, the baby may become oversized. This condition, called macrosomia, increases the mother's risk for a difficult delivery or a cesarean delivery. Throughout their lifetimes, babies born to mothers with gestational diabetes are at increased risk for developing obesity and type 2 diabetes.

Babies born to mothers with gestational diabetes are also at risk for other health problems such as breathing difficulties, low blood sugar levels, low mineral levels, and jaundice, a yellowish discoloration of the skin and whites of the eyes. In addition, mothers with gestational diabetes are at increased risk for preeclampsia, a condition characterized by high blood pressure and protein in the mother's urine after the 20th week of pregnancy. Left untreated, preeclampsia can be life-threatening to both mother and baby.

## How can I control gestational diabetes?

Follow the advice of your healthcare professional. By maintaining normal blood sugar levels, you can generally control this condition. Treatment may include a special diet (recommended by your healthcare professional or dietitian), scheduled physical activity, and, if necessary, blood sugar testing, oral medications, and insulin injections. Your healthcare professional may also schedule additional tests to monitor your baby's health.



## Will I have diabetes in the future?

Your blood sugar levels should return to normal (non-diabetic) levels soon after delivery. Once you develop gestational diabetes, however, you are more likely to have the condition in subsequent pregnancies. Women with gestational diabetes are also at an increased risk of developing type 2 diabetes later in life. Fortunately, a healthy lifestyle may help reduce your risk for the condition. Talk to your healthcare professional about prevention methods such as losing weight, choosing healthy foods, and exercising.

### Healthcare Professional's Directions:

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The information contained in this tear pad is not intended to replace the advice of a healthcare professional. If you have any questions, please contact your healthcare professional.