DEPARTMENT OF INTERNAL MEDICINE

SECTION OF ENDOCRINOLOGY

PATIENT EDUCATION

GESTATIONAL DIABETES (GDM)

INTRODUCTION: Gestational diabetes is defined as glucose intolerance (high blood sugar) that is first identified during pregnancy, usually during the second trimester. The definition applies regardless of whether insulin or only diet modification is used for treatment or whether the condition persists after pregnancy. During pregnancy, the placenta produces hormones that help the baby develop. These hormones also block the effect of insulin on the woman’s body increasing the blood sugar levels.

RISK FACTORS FOR GESTATIONAL DIABETES: Gestational diabetes affects about 4 of all pregnant women. Known risk factors for GDM include:

* Age (Older than 25 years; the risk is even greater after 35 years)
* Race (occurs more in Hispanics, African Americans, Asians, American Indians, Pacific Islanders)
* Overweight and obesity
* Family history of type 2 diabetes (in parents or siblings)
* Personal medical history of gestational diabetes, prediabetes, or previously delivering a baby weighing more than 8.5 pounds

DIAGNOSIS OF GESTATIONAL DIABETES: A 50 grams Oral Gllucose Challenge Test is done as screening for GDM during the 24th to 28th week of pregnancy. For women who are obese, or who have had a previous history of gestational diabetes or of delivering a baby weighing more than 8.5 pounds, or family history of diabetes, testing is recommended on the first prenatal visit. If the test is positive, an Oral Glucose Tolerance Test (OGTT) is performed to confirm the diagnosis.

RISKS OF GESTATIONAL DIABETES TO THE MOTHER AND INFANT: Uncontrolled blood sugar levels in the mother increases the risk of premature delivery, preeclampsia (high blood pressure in the mother), and stillbirth. High maternal blood sugar can cause the baby to grow too large, increasing the risk of birth injuries and increasing the chances of needing a cesarean section. Uncontrolled GDM also increases the risk of jaundice (yellowing of the skin) and breathing problems in the newborn. After birth, the newborn may develop hypoglycemia (low blood sugar) due to the large amount of insulin produced by the baby’s pancreas in response to the mother’s high blood sugar levels while in the womb.

TREATMENT: Treatment for GDM focuses on keeping the blood glucose levels in the normal range. A specified well-balanced diet and regular exercise are important in managing GDM. Daily and frequent blood glucose monitoring and recording are vital. If diet and exercise are not enough to control the blood sugar levels, an endocrinologist will start the mother on insulin injections.

GDM usually goes away after the baby is born but more than half of women who have had GDM, later develop type2 diabetes. Long-term lifestyle changes after delivery need to be emphasized to help prevent type2 diabetes later in life.