

Gestational Diabetes

Gestational diabetes is a type of diabetes that occurs only during pregnancy and usually disappears after the birth of the baby. Gestational diabetes is a condition in which the glucose (blood sugar) level is elevated and other diabetic symptoms appear during pregnancy. This happens when a pregnant woman develops a resistance to insulin because of the hormones of pregnancy. Women with gestational diabetes may not need to take insulin. Sometimes insulin or other medicines are needed.

What Is Diabetes?

Diabetes is a condition where either not enough insulin is produced by the body or the body is unable to use the insulin that is produced.

Pre-existing Diabetes is a condition where women already have diabetes before pregnancy.

What Is Insulin?

Insulin is the hormone that allows glucose to enter the cells of the body to provide fuel or energy. When glucose cannot enter the cells, it builds up in the blood and the body's cells literally starve to death.

What Causes Gestational Diabetes?

The exact cause is not known, but there are theories for why this condition occurs. The placenta supplies a growing fetus with nutrients and water as well as a variety of hormones to maintain the pregnancy. Some of these helpful hormones can block the effect of insulin. As the placenta grows, more of these hormones are produced and insulin resistance becomes greater.

This usually begins occurring at about 20 to 24 weeks of pregnancy. Gestational diabetes prevents your body from using carbohydrates properly.

Who Is Likely to have Gestational Diabetes?

Your chances of developing gestational diabetes increase if:

- Your family has a history of diabetes.
- You had a previous birth of a very large baby or a stillbirth.
- You are overweight.
- You had a previous pregnancy with gestational diabetes.
- You develop too much amniotic fluid (polyhydramnios).
- You are older than 25 years.

Gestational Diabetes is present in less than 15% of all pregnancies and is usually detected at 24 to 28 weeks of pregnancy. Women may be tested for gestational diabetes at the beginning of prenatal care.

What Could Happen to My Baby?

When gestational diabetes is detected early, it can be managed and controlled to help prevent complications for your baby and you.

The key is to keep your blood glucose at normal levels through meal planning (food has the greatest affect on blood sugar), blood glucose monitoring and medication if needed.

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If your blood glucose is not kept under control, these conditions could affect your baby:

- **Macrosomia (Large baby)** – a condition where your baby becomes much larger than normal. Even though the baby grows larger, it will not develop more rapidly, so the baby can still be born premature. Occasionally the baby grows so large that a cesarean section becomes necessary. Macrosomia can be avoided by keeping your blood glucose level as close to normal as possible.
- **Birth Injury** – may occur due to the baby's large size and difficulty during delivery due to size.
- **Hypoglycemia (Low blood glucose)** – this refers to low blood sugar in the baby immediately after delivery. This problem occurs if the mother's blood sugar levels have been consistently high; this causes the baby to have a high level of insulin in its circulation. After delivery, the baby continues to have a high insulin level but it no longer has the high level of sugar from the mother, resulting in the newborn's blood sugar level becoming very low. Your baby's blood glucose will be monitored after birth and treated with glucose water if needed.

What about Birth Defects?

Gestational diabetes does NOT cause birth defects in your baby. Birth defects that can occur as a result of pre-existing diabetes usually happen during the first 13 weeks (trimester) of pregnancy.

Could My Baby Be Born with Diabetes?

Gestational diabetes does NOT cause babies to develop diabetes. Your child's risk of developing diabetes is related to family history, body weight and lifestyle choices, such as eating habits and exercise.

What Are the Other Types of Diabetes, and What Do I Need to Know?

Gestational diabetes usually disappears after the baby is born. Studies show that 40 to 60% of women with gestational diabetes will develop Type 2 diabetes later in life. They are less likely to develop Type 2 diabetes if they achieve and maintain a healthy weight and regularly exercise.

Type 1 Diabetes – occurs primarily in children and young adults. In Type 1 the pancreas produces little to no insulin so insulin injections are necessary.

Type 2 Diabetes – this type occurs in people over 40 years. It is also seen in overweight and inactive young people. Risk factors for Type 2 Diabetes include:

- Family history of diabetes
- Overweight and not active
- Latino-Americans are at high risk for Type 2 diabetes

Gestational diabetes is manageable with eating healthy foods on a regular schedule, daily exercise and monitoring blood glucose levels as instructed. You can have a successful pregnancy and healthy baby.