

G E S T A T I O N A L D I A B E T E S (G D M)

PATIENT/FAMILY INFORMATION SHEET

What is gestational diabetes?

Gestational diabetes mellitus (GDM) is a condition in which blood sugar levels rise above normal due to increased insulin needs and increased insulin resistance during pregnancy. Gestational diabetes occurs in about 7% of all pregnancies and is caused by hormones that are normally made by the placenta.

How do I know if I have GDM?

Generally, a pregnant woman is tested for GDM between the 24th and 28th weeks of pregnancy. The obstetrician will order a screening test that involves drinking a sugar or glucose beverage and having the blood glucose level tested one hour later. If the blood glucose level is greater than 130 mg/dl, a three-hour glucose tolerance test may be recommended to confirm the diagnosis of GDM. Additional blood work may be ordered by the obstetrician to determine if the blood glucose level has been high within the past three months.

Did I do or eat something to cause GDM?

Gestational diabetes is not caused by something you do or something you eat. As explained above, GDM is caused by altered insulin needs and resistance. However, after being diagnosed with GDM, your food and beverage choices are directly related to blood sugar control.

How do I treat gestational diabetes?

The keystone to treatment of gestational diabetes is nutrition therapy. With your perinatal educator or dietitian, you will make a meal plan to meet your nutritional needs during pregnancy and to control your blood glucose level. Rather than three meals per day, you will be asked to eat smaller amounts of food more often. Certain foods, such as sweets, desserts, sodas and fruit juice, should be avoided.

Monitoring your blood sugar before breakfast (fasting) and one hour after completion of each meal will guide you and your healthcare team in adjusting your meal plan until after the birth of your baby.

Target Blood Sugars for GDM

- Fasting less than 90 mg/dl
- 1hour after meals..... less than 120 mg/dl

Some women are unable to meet these blood glucose targets despite their best efforts. In this case, the physician will recommend using medication to control blood glucose levels.

What affect will Gestational Diabetes have on my pregnancy?

Most women who have Gestational Diabetes will deliver healthy babies. However, persistent high glucose levels may cause the baby to grow to a large size (greater than 9lbs) which can make labor and delivery difficult. You will also be at an increased risk for infection and pre-eclampsia.

What affect will Gestational Diabetes have on my baby?

In most cases the problems your baby will experience will not be serious and will be easily treated. A small percentage of babies will need closer observation requiring admission to a special care nursery. These problems may include:

- Low blood sugar
- Low blood calcium and magnesium levels
- Excess red blood cells
- Neonatal jaundice
- Breathing problems

Will I have diabetes after the baby is born?

After delivery, the blood sugar of a woman with GDM generally returns to normal (70-100 mg/dl fasting). The hormones responsible for insulin resistance in pregnancy are lost with delivery of the placenta. However, a woman who has had GDM is at greater risk for developing diabetes later in life. A healthy lifestyle including regular physical activity, proper food choices and maintaining a healthy body weight are important for reducing this risk. Your obstetrician/perinatologist may recommend that you see your primary physician for follow-up testing 6 months after delivery or, if breastfeeding, when your baby is weaned.

For more Patient Education Fact Sheets, see the Greenwich Hospital web site at www.greenwichhospital.org and click on Patient Education