



BASIC INFORMATION

DESCRIPTION

A type of diabetes occurring only in pregnant women. Gestational diabetes mellitus (GDM) occurs in 2 to 5% of all pregnancies. The percentage is higher in some population groups, such as Native Americans, Mexican-Americans, Asians and East Indians.

FREQUENT SIGNS AND SYMPTOMS

- Usually no symptoms are apparent. A prenatal examination may find that the fetus is larger than normal for the stage of pregnancy.
- The diagnosis is based on glucose testing done during the 24th to 28th week of pregnancy for nondiabetic mothers. Earlier testing is often recommended for patients diagnosed with GDM in a previous pregnancy or delivery of a baby weighing over 9 pounds.

CAUSES

Your body isn't able to use the sugar (glucose) in your blood as well as it should, so the level of sugar in your blood becomes higher than normal.

RISK INCREASES WITH

- Previous pregnancy with GDM.
- Obesity (especially in women with an apple-shaped body configuration).
- Mother over age 25.
- Marked increase in weight.
- Family history of diabetes mellitus.
- Previous birth of a large-for-date baby.
- Five or more previous pregnancies.
- History of an unexplained fetal death or stillbirth.

PREVENTIVE MEASURES

While there are no specific preventive measures, prepregnancy weight loss in overweight women and prepregnancy evaluation for women considered borderline diabetic or who have a history of GDM may help reduce maternal or fetal risks.

EXPECTED OUTCOME

- The key to successful treatment and a healthy baby is determined by the mother's motivation and ability to change her lifestyle. For some, dietary control is sufficient, while for others, insulin may be required for treatment.
- Labor is spontaneous and the birth is usually vaginal. Cesarean section may be required if the fetus is considered too large for vaginal birth (4500 grams or about 9 pounds).
- Gestational diabetes usually disappears with delivery.

POSSIBLE COMPLICATIONS

- Excess amniotic fluid (polyhydramnios).
- Premature labor.
- Patients with poor glucose control may need to have labor induced.
- Preeclampsia.

- Miscarriage (rare).
- Congenital anomalies (rare, unless the diabetes was present before pregnancy) in the newborn (e.g., heart or lung problems, larger-than-normal baby). Metabolic disorders of a newborn (e.g., low blood sugar, low blood calcium levels) may occur if the mother has poor glucose control.
- There is an increased risk for the mother of developing diabetes mellitus in the future.



TREATMENT

GENERAL MEASURES

- Treatment will include diet changes and a moderate exercise program. Enlist the support of other family members for help in making the necessary changes.
- You will learn how to monitor your glucose levels. At first, glucose checks will need to be done up to 4-6 times a day on a daily basis. Once glucose levels are in the desired range and diet modifications are understood, glucose checks may be reduced with obstetric provider's approval.
- Additional literature and information may be obtained from the American Diabetic Association, P.O. Box 25757, Alexandria, VA, (800) 232-3472.

MEDICATION

- Medicines are usually not necessary if glucose control is achieved with diet and exercise.
- Insulin injections or an oral antidiabetic medication may be prescribed for some patients unable to control glucose levels through diet and exercise.

ACTIVITY

A program of moderate, nonweight-bearing exercise is usually recommended. Exercising for even small time periods can have major benefits. Follow any prescribed exercise program carefully.

DIET

- Dietary changes are an important aspect of the treatment and specific diet instructions will be provided. Following this diet will decrease the risks to mother and unborn child.
- These diet changes will involve increased fiber intake, fat restriction, elimination of concentrated sweets, and monitoring of caloric intake to prevent excessive weight gain.
- Consultation with a dietician is often recommended for educational purposes, to answer your dietary questions and to provide follow-up encouragement.



NOTIFY OUR OFFICE IF

- You are 24 to 28 weeks pregnant and have not had a screening test for gestational diabetes mellitus.
- After diagnosis of gestational diabetes, you develop any new signs or symptoms that cause you concern.
- The prescribed diet or exercise program is difficult to follow, or the drugs prescribed cause unexpected side effects.