

# Gestational Diabetes

You are 28 weeks pregnant. Your health care provider has just told you that you have gestational diabetes. Should you be concerned about gestational diabetes?

The short answer: yes. Good care means a lot for your health and your baby's health.

## What is gestational diabetes?

Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes. Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases of gestational diabetes in the United States each year.

We don't know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop. But these hormones also block the action of the mother's insulin in her body. This problem is called insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin. She may need up to three times as much insulin.

Gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood and be changed to energy. Glucose builds up in the blood to high levels. This is called hyperglycemia.

## How gestational diabetes can affect your baby

Gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. Because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

However, untreated or poorly controlled gestational diabetes can hurt your baby. When you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. Although insulin does not cross the placenta, glucose and other nutrients do. So extra blood glucose goes through the placenta, giving the baby high blood glucose levels. This causes the baby's pancreas to make extra insulin to get rid of the blood glucose. Since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.

This can lead to macrosomia, or a "fat" baby. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth. Because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing

problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

## **Treating gestational diabetes**

Because gestational diabetes can hurt you and your baby, you need to start treatment quickly. Treatment for gestational diabetes aims to keep blood glucose levels equal to those of pregnant women who don't have gestational diabetes. Treatment for gestational diabetes always includes special meal plans and scheduled physical activity. It may also include daily blood glucose testing and insulin injections. You will need help from your doctor, nurse educator, and other members of your health care team so that your treatment for gestational diabetes can be changed as needed.

For you as the mother-to-be, treatment for gestational diabetes helps lower the risk of a cesarean section birth that very large babies may require. Sticking with your treatment for gestational diabetes will give you a healthy pregnancy and birth, and may help your baby avoid future poor health.

## **Gestational diabetes -- Looking ahead**

Gestational diabetes usually goes away after pregnancy. But once you've had gestational diabetes, your chances are 2 in 3 that it will return in future pregnancies. In a few women, however, pregnancy uncovers type 1 or type 2 diabetes. It is hard to tell whether these women have gestational diabetes or have just started showing their diabetes during pregnancy. These women will need to continue diabetes treatment after pregnancy.

Many women who have gestational diabetes go on to develop type 2 diabetes years later. There seems to be a link between the tendency to have gestational diabetes and type 2 diabetes. Gestational diabetes and type 2 diabetes both involve insulin resistance. Certain basic lifestyle changes may help prevent diabetes after gestational diabetes.

**Losing weight** Are you more than 20% over your ideal body weight? Losing even a few pounds can help you avoid developing type 2 diabetes.

**Making healthy food choices** Follow simple daily guidelines, like eating a variety of foods including fresh fruits and vegetables, limiting fat intake to 30% or less of daily calories, and watching your portion size. Healthy eating habits can go a long way in preventing diabetes and other health problems.

**Exercising** Regular exercise allows your body to use glucose without extra insulin. This helps combat insulin resistance and is what makes exercise helpful to people with diabetes. Never start an exercise program without checking with your doctor first.

## **Keeping worry in perspective**

While gestational diabetes is a cause for concern, the good news is that you and your health care team - your doctor, obstetrician, nurse educator, and dietitian - work together to lower your high blood glucose levels. And with this help, you can turn your concern into a healthy pregnancy for you, and a healthy start for your baby.