



Gestational Diabetes

If you do not pass the two-hour glucose tolerance test, it means that you have gestational diabetes. If you are diagnosed with gestational diabetes, you will be referred to the Sweet Success Program at Obstetrix Medical Group. The phone number is (408) 371-7111. At Sweet Success, you will meet with a dietician to learn about altering your diet during pregnancy. A nurse will teach you how to check your blood sugar. Most women are able to control their blood sugar through diet and exercise. A food pyramid and a preliminary diet for gestational diabetes are available at <http://www.diabetes.org/food-and-fitness/> or at <http://www.cdc.gov/ncbddd/bd/diabetespregnancyfaqs.htm>

What is gestational diabetes?

Approximately 5 percent of expectant mothers develop gestational diabetes. During pregnancy, the placenta can produce a hormone that makes the mother resistant to her own insulin. This results in an elevated glucose level. Glucose is a small molecule that passes through the placenta and causes the baby to increase its insulin production. This results in complications for the pregnancy as well as the infant. Neonatal (baby) complications from an elevated blood sugar may include macrosomia (big baby). Macrosomia may lead to a shoulder dystocia (shoulders get stuck resulting in neurologic damage to the baby) with a vaginal delivery or a cesarean section.

After delivery, the baby is producing too much insulin and may develop hypoglycemia (low blood sugar) which can cause seizures. The baby is also at increased risk for jaundice and polycythemia (high red blood cell count). The baby's glucose is tested at delivery with a heel stick blood test. If the sugar level is low, the baby may need to be given a sugar water bottle or even an IV glucose solution. Some studies have found a link between severe gestational diabetes and an increased risk for stillbirth in the last two months of pregnancy. Having gestational diabetes makes you about twice as likely to develop pre-eclampsia as other pregnant women.

What factors would put me at risk for gestational diabetes?

All patients are screened between 24 and 28 weeks. You should be screened early if you have are obese (body mass index over 30), have a history of gestational diabetes in a previous pregnancy, have a strong family history of diabetes, have previously given birth to an unusually large baby, had an unexplained stillbirth, had a baby with a birth defect, or have high blood pressure.

Will my baby be monitored during my pregnancy to avoid complications?

You should begin kick counts after 28 weeks of pregnancy. Information is available at http://www.lowmg.com/info/medinfo/ob/ob_book/fetal_kick_counts.pdf. Most physicians will perform non-stress tests during the last few weeks of your pregnancy. You will also have an ultrasound to determine a size estimate and make sure the placenta is not overly mature.

How is gestational diabetes managed?

It depends on how serious your condition is. You'll need to keep diligent track of your glucose levels, using a home glucose meter or strips. Eating a well-planned diet can help you keep well-controlled glucose levels. The American Diabetes Association recommends getting nutritional counseling from a registered dietician who will help you develop specific meal and snack plans based on your height, weight, and activity level. Once enrolled in the Sweet Success Program, you will be asked to monitor your diet and keep a record of your blood sugars.

Studies show that moderate exercise also helps improve your body's ability to process glucose, keeping blood sugar levels in check. Most women with gestational diabetes benefit from 30 minutes of aerobic activity, such as walking or swimming, each day.

If you are not able to control your blood sugar well enough with diet and exercise alone, you may have a medication prescribed. You may be a candidate for oral medications (glyburide or metformin). About 15 percent of women with gestational diabetes need insulin. The conc