

GESTATIONAL DIABETES

Reviewed by: Iroque Igbinosa, MD, MS April, 2023

Updated by: Brittany Edwards-Mbong, CNM, WHNP November 2024

Gestational diabetes (GDM) is **a type of diabetes that develops around 24-28 weeks of pregnancy**. This occurs when the level of insulin hormone, is not high enough in the body to keep blood sugar levels within normal ranges.

GESTATIONAL DIABETES AND PREGNANCY OUTCOMES

Gestational Diabetes...

- Increases the risk of high blood pressure during pregnancy
- Is linked to another type of diabetes called Type 2 diabetes
- Increases the risk of having a larger baby (over 9 pounds). Larger babies can be born too early, make vaginal delivery more difficult, and increase risk of C-section

All pregnant people who have GDM have a 7-10x higher risk of developing Type 2 diabetes after pregnancy. Lifestyle changes (healthy diet and exercise) can significantly reduce this risk.

SYMPTOMS

Typically, there are no warning signs or symptoms of gestational diabetes. **Some may experience increased thirst or hunger.** Following up with all appointments are the best way to catch and manage gestational diabetes.



WHAT CAUSES GESTATIONAL DIABETES?

Gestational diabetes happens when a person's body cannot make enough insulin during pregnancy. Insulin is a hormone that breaks down glucose (sugar) from food, and helps the body produce energy. Insulin keeps the level of glucose in the blood at a healthy level.

During pregnancy, hormonal changes impact the way insulin is broken down and can disrupt normal regulation of blood sugar levels.

Pregnancy can cause the body's cells to use insulin less effectively, a condition called insulin resistance. This can lead to an increased level of sugar in the blood.

Most pregnant persons' blood sugar levels increase during pregnancy. If the value is beyond the normal range, it is called **gestational diabetes**.

HOW IS GESTATIONAL DIABETES DIAGNOSED?

Providers test for gestational diabetes around 24 to 28 weeks into pregnancy. Testing occurs during this stage of pregnancy because lots of important hormonal changes happen at this time. The gestational diabetes diagnostic test has two parts. If the first screening test shows normal results, the second diagnostic test is not needed.

1. Glucose challenge screening test: (1-2 hours)

- Patient drinks a sweet liquid given by the provider
- About an hour later, blood is taken to check blood sugar levels
- No food can be eaten during the one hour waiting time

Normally, after a low sugar meal, a normal blood sugar level is 140 milligrams (mg) per deciliter (dL). If the blood test shows the blood sugar range is very close or higher than 140, the provider orders a glucose tolerance test.

2. Glucose tolerance diagnostic test: (2-3hrs)

- **Fasting:** Patients don't eat or drink for several hours before the tolerance test
- Patient drinks a sweet liquid given by the provider
- **Repeated test:** blood sugar level is tested at one-, two- and three-hour intervals. No food can be eaten during this time.
- If the results are abnormal, the tolerance test can confirm a diagnosis of gestational diabetes

QUESTIONS TO ASK BEFORE GLOCUSE SCREENINGS AND TESTS:

- Is fasting needed before this appointment?
- How many hours will this appointment take?
- Is it okay to drink water while waiting for the blood to be taken?
- What types of meals are encouraged to eat/avoid?
- What support services are available to adapt to dietary recommendations?

TIPS TO PREVENT AND MANAGE GESTATIONAL DIABETES:

- Follow a balanced diet. The WIC and CalFresh programs offer nutrition support and access healthy foods
- Try avoiding food with heavy sugar content, including sweet drinks
- Try increasing proteins in the diet
- Find exercises that are safe during pregnancy
- On a case-by-case basis, the provider may prescribe insulin or other medication to treat gestational diabetes

