

Gestational Diabetes

If you do not pass the three-hour glucola test, it means that you have gestational diabetes. If you are diagnosed with gestational diabetes, you will be referred to Sweet Success at Obstetrix Medical Group. The phone number is (408) 371-7111. At Sweet Success, you will meet with a dietician to learn about changing 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 on the Los Olivos website. For some, however, medication may be necessary.

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 caused 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 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. And finally, 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?

According to the American Diabetes Association, you're considered at high risk for this condition (and should be screened early) if:

- You're obese (your body mass index is over 30).
- You have a history of gestational diabetes (you've had the condition in a previous pregnancy).
- You have a strong family history of diabetes.

Some practitioners will also screen you early if:

- You're found to have sugar in your urine (your urine is tested at each prenatal visit).
- You've previously given birth to a big baby (some use 8 pounds, 13 ounces as the cut off; others use 9 pounds, 14 ounces).
- You've had an unexplained stillbirth.
- You've had a baby with a birth defect.
- You 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. Most physicians will perform nonstress tests during the later part of your pregnancy. You will also have an ultrasound to determine a size estimate and make sure the placenta is not overly mature.

When will I deliver?

If your diabetes is under good control, most physicians will try to deliver the baby by its due date. If

you are unable to stay under good control, you may need to deliver earlier. Nonstress testing will help determine the delivery time.

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 those levels where they should be. The American Diabetes Association recommends getting nutritional counseling from a registered dietician who'll help you develop specific meal and snack plans based on your height, weight, and activity level.

Studies show that moderate exercise also helps improve your body's ability to process glucose, keeping blood sugar levels in check. Many women with gestational diabetes benefit from 30 minutes of aerobic activity, such as walking or swimming, each day. Exercise isn't advisable for everyone, though, so ask your practitioner what level of physical activity would be beneficial for you.

If you're not able to control your blood sugar well enough with diet and exercise alone, your provider will prescribe insulin shots for you to give yourself as well. About 15 percent of women with gestational diabetes need insulin. The concern for your baby is the high sugar, not the insulin. You may also be a candidate for oral medications (glyburide or metformin) instead of insulin for gestational diabetes.

Once enrolled in Sweet Success, you will be asked to monitor your diet. A sample diet can be downloaded. Please keep a record of your blood sugars. If your blood sugar is too low, hypoglycemia can occur.

For more information on diabetes, contact:

Obstetrix Medical Group Sweet Success Program at www.obstetrix.com/sanjose/body.cfm?id=29

[American Diabetes Association](http://www.diabetes.org/home.jsp) at www.diabetes.org/home.jsp

[CDC Pregnancy Diabetes Information](http://www.cdc.gov/ncbddd/bd/diabetespregnancyfaqs.htm) at www.cdc.gov/ncbddd/bd/diabetespregnancyfaqs.htm