



District Endocrine

Gestational Diabetes

- What is gestational diabetes (GDM)?
 - This is a form of diabetes that is caused by pregnancy. The placenta makes a protein called Human Placental Lactogen and this causes insulin resistance and high blood sugars in the mother.
 - We expect GDM to resolve in the weeks following delivery of the placenta.
- How do we diagnosis GDM?
 - In the second trimester (24-28 weeks), your OB/GYN will have you drink Glucola and check your blood 2 hours later for glucose. Blood sugar cutoffs for diagnosis are:
 - Fasting: > 92
 - 1 hour post-Glucola: > 180
 - 2 hours post-Glucola: > 153
- I had high blood sugars early in pregnancy, is that the same thing?
 - No. If you have any of the following lab results, it counts as a diagnosis of [regular garden-variety] diabetes:
 - fasting glucose greater than 125
 - random glucose greater than 200
 - hemoglobin a1c greater than 6.5
- So I have GDM, how does that matter for my pregnancy?
 - The presence of diabetes, whether it's the "usual" kind or GDM, has significant impact on a pregnancy. It raises the risks to mother and baby, and needs to be followed closely and carefully to have the healthiest, safest pregnancy as possible.
 - Large birth weight, especially large head which makes delivery difficult
 - Early labor and delivery, before baby's lungs are mature
 - Low blood sugar in the baby after birth
 - Baby at higher risk for diabetes later in life
- How do we manage GDM?
 - **#1 is lifestyle!** Exercise, weight management and nutritional/portion changes.
 - Carbohydrate restriction is key to needing less insulin in the body.



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- Sweet Success, a California program, provides guidelines for eating and exercise, this is listed under Resources
- We will ensure you have access to nutritional counseling.
- Goal blood sugars during treatment:
 - Fasting < 90
 - 2 hours after a meal < 120
 - Hemoglobin a1c 6-6.5%
 - **These goals will be adjusted if low blood sugars are a problem.**
- After the 1st trimester, sometimes Metformin can be used to help reduce blood sugar.
- Drugs like glyburide are NO LONGER recommended for use in pregnancy, as of May 2018.
- Insulin is the official recommended medical treatment for GDM.
- Once you make it to the 3rd trimester, it is recommended to use Aspirin to help reduce the risk of pre-eclampsia.
- Will GDM come back with the next pregnancy?
 - Usually yes. It also significantly raises the risk of developing “regular” diabetes over the next 2-3 years.
 - **It’s very important that blood sugars are optimal before attempting to conceive again, to minimize or eliminate the risks to mother and baby.**

Resources

- Sweet Success section on Consumer Education Materials <http://www.cdappsweetsuccess.org/>
- Mayo Clinic section on Gestational Diabetes www.mayoclinic.org
- American Diabetes Association <http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html>
- Amer College of OB/GYN <https://www.acog.org/Patients/FAQs/Gestational-Diabetes>
- CDC <https://www.cdc.gov/pregnancy/diabetes-gestational.html>
- Think about what caused your low; We need to find and correct the cause.
 - Did you miss a meal?
 - Exercise?



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- Miscalculate how much insulin you needed?
- Taking a new medication?

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Disclaimer:

This article is not medical advice. It is intended for general informational purposes and is not meant to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. If you think you may have a medical emergency, immediately call your physician or dial 911.