

GESTATIONAL DIABETES

Definition

Gestational diabetes is high blood sugar (diabetes) that starts or is first diagnosed during pregnancy.

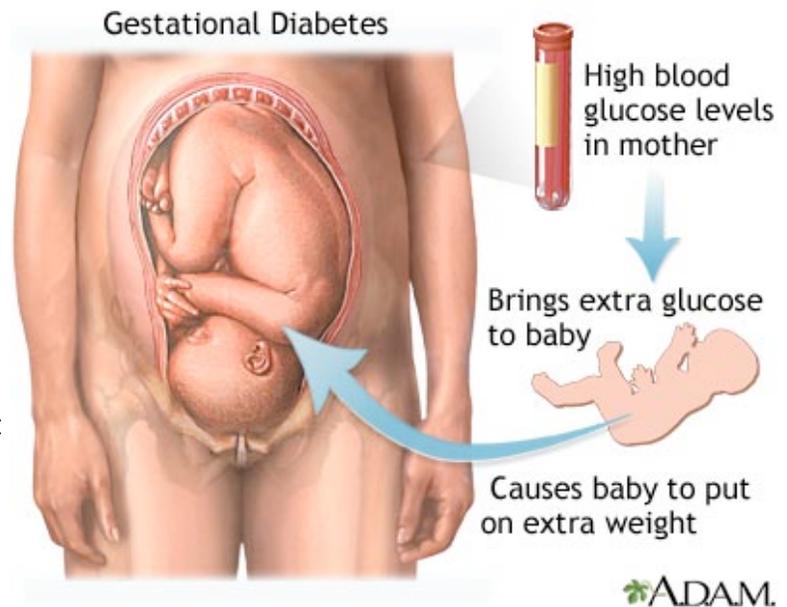
Alternative Names

Glucose intolerance during pregnancy

Causes

Risk factors for gestational diabetes include:

- African or Hispanic ancestry
- Being over age 25 when pregnant
- Birth defect in a previous child
- Obesity
- Giving birth to a previous baby who weighed more than 9 pounds
- Recurrent infections
- Unexplained miscarriage or death of a newborn



Symptoms

Usually there are no symptoms, or the symptoms are mild and not life threatening to the pregnant woman. Often, the blood glucose level returns to normal after delivery.

Symptoms may include:

- Blurred vision
- Fatigue
- Frequent infections, including those of the bladder, vagina, and skin
- Increased thirst
- Increased urination
- Nausea and vomiting
- Weight loss in spite of increased appetite

However, high blood sugar levels in the mother can cause problems in the baby. These problems can include:

- Birth trauma
- Jaundice
- Large size at birth
- Low blood sugar (hypoglycemia)

Rarely, the fetus dies in the womb late in the pregnancy.

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Exams and Tests

Gestational diabetes is usually diagnosed during the 24th - 28th weeks of pregnancy. All pregnant women should receive an oral glucose tolerance test during this time period to screen for the condition.

Treatment

The goals of treatment are to keep blood glucose levels within normal limits during the pregnancy, and to make sure that the fetus is healthy.

Your health care provider should closely check both you and your fetus throughout the pregnancy. You also can self-monitor your blood glucose levels. Fetal monitoring to check the size and health of the fetus may include ultrasound and nonstress tests.

A nonstress test is a very simple, painless test for you and your baby. A machine that hears and displays your baby's heartbeat (electronic fetal monitor) is placed on your abdomen. When the baby moves, its heart rate normally increases 15 - 20 beats above its regular rate.

Your health care provider can look at the pattern of your baby's heartbeat compared to its movements and find out whether the baby is doing well. The health care provider will look for 3 increases of 15 beats per minute over the baby's normal heart rate, occurring within a 20-minute period.

Managing your diet can give you the calories and nutrients you need for your pregnancy and to control blood glucose levels. You should have nutritional counseling with a registered dietician.

See also: Diabetes diet

If managing your diet does not control blood glucose levels, you should start insulin therapy. You will need to self-monitor your blood glucose levels during insulin treatment.

Outlook (Prognosis)

There is a slightly increased risk of the fetus or newborn dying when the mother has gestational diabetes. Controlling blood sugar levels reduces the risk to the baby.

High blood glucose levels often go back to normal after delivery. However, women with gestational diabetes should be watched closely after giving birth and at regular doctor's appointments to screen for signs of diabetes. Many women with gestational diabetes develop full-blown diabetes within 5 - 10 years after delivery. The risk may be increased in obese women.

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Possible Complications

- Development of diabetes later in life
- Increased risk of newborn death
- Low blood glucose or illness in the newborn

When to Contact a Medical Professional

Call your health care provider if you are pregnant and you have symptoms of diabetes.

Prevention

Knowing the risk factors and having prenatal screening at 24 - 28 weeks into the pregnancy will help detect gestational diabetes early.