



Focus On Health

Community Medical Centers is proud to sponsor *Focus on Health*, a medical information radio series from the UCSF Fresno Medical Education Program: growing Valley doctors.

FAQ: High Risk Pregnancy – Gestational Diabetes

Medical Specialist:

Conrad R. Chao, M.D.

Chief of Obstetrics and Gynecology, UCSF Fresno

OB/GYN Residency Program Director, UCSF Fresno

Q. What is Gestational Diabetes?

A. Gestational Diabetes is a condition in which the blood glucose level is elevated and other diabetic symptoms appear during pregnancy in a woman who has not previously been diagnosed with diabetes. It is important to note that most mothers with gestational diabetes do not have any symptoms and must have special blood tests to detect the disease.

Q. Why does this sometimes happen when you're pregnant?

A. During pregnancy, your hormones make it tougher for your body to use insulin, so your pancreas needs to produce more of it. When a woman's pancreas can't keep up with the insulin demand and her blood glucose levels get too high, the result is gestational diabetes.

Q. What are the complications or consequences that can occur during pregnancy with Gestational Diabetes?

A. For most women with gestational diabetes, the main worry is that too much glucose will end up in the baby's blood. When that happens, your baby's pancreas needs to produce more insulin to process the extra glucose. All this excess blood sugar and insulin can cause your baby to make more fat and put on extra weight.

This can lead to what's called **macrosomia**. A macrosomic baby may be too large to enter the birth canal and a Cesarean section may be required for delivery. In some cases, the baby's head may enter the canal but then his shoulders get stuck. In this situation, called **shoulder dystocia**, special maneuvers must be used to deliver the baby and this is a very serious obstetrical emergency. Shortly after delivery,

your baby may also have low blood sugar referred to as **hypoglycemia** because his/her body will still be producing extra insulin in response to receiving extra glucose from you. Additionally, babies may also be at somewhat higher risk for **jaundice**, **polycythemia** (an increase in the number of red cells in the blood), and **hypocalcemia** (low calcium in the blood). If your blood sugar control is especially poor, your baby's heart function could be affected, or in extreme cases the high blood sugar in the baby can kill the baby inside your womb.

Q. What are symptoms of Gestational Diabetes? How would I recognize someone I know could be at risk of the disease?

A. Gestational diabetes usually has no symptoms. That's why all pregnant women are given a glucose screening between 24 and 28 weeks to test for it.

Q. What are the complications that can occur if an expectant mother has pre-existing diabetes?

A. For women who already have diabetes and become pregnant, it is very important to maintain much tighter blood sugar control during the entire pregnancy, even in the first few weeks when many women do not yet know they are even pregnant. Unlike women with true gestational diabetes, women who have diabetes prior to pregnancy have up to a 20% chance of serious birth defects including problems with the heart and nervous system that can lead to death of the baby or to serious handicaps. To minimize the risk of these birth defects, women who are diabetic and contemplating pregnancy should be referred to a high risk pregnancy specialist PRIOR to pregnancy.

Q. Once diagnosed with diabetes, will my baby be monitored during my pregnancy to avoid complications?

A. Your practitioner may want to monitor your baby more intensively during your last two to three months of pregnancy, depending on the severity of your diabetes and whether you have any other obstetric problems.

Q. What factors would put me at risk for gestational diabetes?

- A. Women are 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.

Q. How is gestational diabetes managed?

- A. 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. 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.

Q. Does having gestational diabetes put me at higher risk for diabetes in the future?

- A. Yes. About two-thirds of women who have the condition will go on to have it in future pregnancies. About 50 percent of women who get gestational diabetes will develop type 2 diabetes within the first five years after delivery. Your risk is highest if any of the following apply to you:

- You're obese.
- You had very high blood sugar levels during pregnancy (especially if you needed insulin).
- Your diabetes was diagnosed early in your pregnancy.
- The results of your postpartum glucose test were borderline (that is, they were relatively high, but not high enough to classify you as a diabetic).

Q. What are some statistics about Gestational Diabetes?

- A. Nationally...

- Between 2 and 7 percent of expectant mothers develop this gestational diabetes, making it one of the most common health problems of pregnancy.
- About two-thirds of women who have the condition will go on to have it in future pregnancies.
- And a few studies have found that about 50 percent of women who get gestational diabetes will develop type 2 diabetes within the first five years after delivery.

Q. What should a person do if they recognize that they or a family member has these symptoms?

- A. If you are diabetic, it is very important to inform your doctor so you can be referred to a high risk pregnancy specialist prior to your becoming pregnant. You will need

to bring your blood sugar control to the level required for pregnancy, which is much tighter than that when one is not pregnant.

Q. What are the most important things an expectant mother needs to know about Gestational Diabetes?

A. Diabetes is very common during pregnancy. It is more common in women who are Asian or Hispanic, but it affects all races. Gestational diabetics usually do not have symptoms and so doctors have to perform special blood tests to detect it. All pregnant women need to have these tests because it is not possible to screen for this disease based on history or exam. Most cases of diabetes during pregnancy can be managed with careful monitoring and diet.

Q. Where can a person go to get more information about Gestational Diabetes?

A. National Institutes of Health:
http://www.nichd.nih.gov/publications/pubs/gest_diabetes/index.cfm

American Diabetes Association
<http://www.diabetes.org/gestational-diabetes.jsp>

Sponsored by:

