

Gentle Beginnings Midwifery

Educational Handout

Gestational Diabetes Mellitus

What is Gestational Diabetes Mellitus (GDM)?

GDM is defined as high blood sugar levels in a pregnant woman that usually returns to normal after the birth of her baby and occurs about 4% (non-Aboriginal) to 18% (Aboriginal) of all pregnancies. It is different than type 1 and type 2 diabetes because it is first recognized during pregnancy and therefore can affect both mother and baby.

Who should be screened for GDM?

Some controversy does exist about who should be screened. It is a community standard that all pregnant women be screened for gestational diabetes. Since women with risk factors are more likely to have GDM than those without risk factors, our clinic recommends testing based on risk factors. It is also recommended that early prenatal testing take place in populations where chances of developing type 2 diabetes are high (to rule out pre-existing diabetes) or populations at high risk of GDM (those with multiple risk factors will be offered a diagnostic test).

What are the risk factors for GDM?

- 35 years or older
- Multiple unexplained miscarriages, unexplained stillbirth
- From a high-risk group (Aboriginal, Hispanic, South Asian, Asian and African)
- Obesity (BMI of 30 or higher)
- History of polyhydramnios (large amounts of amniotic fluid)
- Had GDM in a previous pregnancy
- Given birth to a baby weighing more than 9 pounds/>4000g
- First degree relative (parents, children, siblings) with diabetes
- Health conditions such as polycystic ovarian syndrome and acanthosis nigricans
- Use of corticosteroids

Why is it important to screen for GDM for me?

- More likely to have increased blood pressure and complications during pregnancy (gestational hypertension)
- Possibility of birth trauma to mother because GDM may cause baby to be larger than normal
- Higher chance of caesarean section rather than a vaginal delivery
- Increases the risk of developing type 2 diabetes later in life

Why is it important to screen for GDM for my baby?

- Higher rate of stillbirth
- Higher chance of congenital malformations and miscarriage if pre-existing diabetes during baby's first 10 weeks gestation
- Increased chance that baby may be larger than normal and may be more difficult to deliver, possibly causing trauma to baby (brachial plexus injury)
- Higher risk of low blood sugar levels after birth (hypoglycemia)
- Higher risk of excess levels of insulin in the blood (hyperinsulinemia)
- Higher risk for obesity and developing diabetes in the future

How is screening for GDM done?

Your midwife may test your random blood glucose level at the first or second prenatal visit or she may give you a requisition to go to a lab. If the value is higher than normal, then she will advise follow-up blood testing (75g GTT) to confirm if you have unrecognized pre-existing diabetes. If the value is within normal, a screening test for GDM will be offered

between 24-28 weeks' gestation (50g GCT). If the results of the screening test show higher than normal values, a diagnostic test (75g GTT) will be offered to determine if there is gestational diabetes mellitus. The condition is determined if 2 of 3 values exceed the threshold. For those considered at high risk for GDM, the recommendation is to do the 75g GTT blood test as early as possible in the first trimester and, if negative, again at 24-28 weeks gestation.

What happens if I have GDM?

Your midwife will recommend you see a dietician and/or an endocrinologist in order to manage blood glucose levels.

Eat regular meals & snacks from all food groups and aim to provide the best nutrition for you and your baby. These lifestyle changes, combined with getting physically active, are very important in preventing complications of GDM and decrease the risk of developing diabetes later in life.

Weight gain during pregnancy is important to monitor for those who are over or under-weight. Weight loss is not recommended during pregnancy.

Your midwife might also recommend to have the baby's growth followed up by ultrasound starting at about 32 weeks' gestation and will discuss other forms of fetal well-being tests (i.e. kick counts). These tests will help to determine if the baby is well.

Monitoring blood glucose levels is important during pregnancy. Your care-provider may suggest you test your blood glucose at home to ensure that your GDM is under control. If, after applying these measures, your care-provider believes that the GDM is not under control then a suggestion may be made to take insulin. Insulin will keep your blood glucose normal. If you are diagnosed with gestational diabetes requiring insulin, a transfer of care to an appropriate physician will be required. The transfer of care will be organized by your midwife.

You will be encouraged to breastfeed to reduce the risk of developing type 2 diabetes in your future as well as decreasing the risk of obesity in your child's future.

Post-Partum

If you have had GDM, it is important to screen for type 2 diabetes by taking another glucose tolerance test between 6-12 weeks after the delivery and regular follow-up tests. Making lifestyle changes (healthy body weight, being physically active) may reduce the risk of developing type 2 diabetes. If you develop diabetes, you can receive care for yourself and help you achieve healthy future pregnancies.

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