Patient Education

Maternal and Infant Care Clinic



Gestational Diabetes

Gestational diabetes mellitus (GDM) is high blood sugar that develops during pregnancy. Read this handout to find out more about GDM, how to tell if you have it, how it is treated, and how it can affect your unborn and newborn baby.

What is gestational diabetes?

Gestational diabetes mellitus (GDM) is a special type of diabetes, or high blood sugar (glucose), that first shows up during pregnancy (gestation). After your baby is born, GDM usually goes away.

How can I tell if I have GDM?

Testing for GDM may include a blood test. You may also have a test in which you drink a high-sugar drink before your appointment, and then have a blood test.

You should be tested for GDM during your first prenatal visit if you:

- Have already had a large baby.
- Have had GDM in the past.
- Are very overweight.
- Have a family history of diabetes.
- Have had an unexplained stillbirth or birth defect in another baby.

If you do not have any of these risk factors, you should be tested for GDM between the 24th and 28th week of pregnancy.

How is GDM treated?

If you have GDM, your diabetes and obstetrical health care teams wil help you manage it. At University of Washington Medical Center (UWMC), doctors, nurse educators, and dietitians will give you tips on meal planning, home blood sugar monitoring, blood sugar goals, and postpartum care. Gestational diabetes can often be managed with changes in the way you eat. Some women need medicine to control their blood sugar levels.

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How does GDM affect my baby?

If you have high blood sugar in the 2nd half of your pregnancy, your baby can be larger than normal. This is called *macrosomia*. It can cause serious problems during labor and delivery. It can also cause

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Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

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breathing problems for your baby. All pregnant women should be tested for GDM, since most of these problems can be prevented by good blood sugar control.

GDM usually develops later in pregnancy. Because most birth defects occur in the early part of pregnancy, babies of women who have GDM are not at an increased risk of birth defects. But, if you have GDM in the 1st part of your pregnancy, your baby may be at higher risk of birth defects. Talk with your health care provider to learn more.

Will I need to do anything special after my baby is born?

Your newborn baby will be closely checked and watched for the 1st few days after birth. Your obstetrician and pediatrician will tell you if your baby has any problems that need to be treated, such as breathing trouble or blood sugar problems.

Most new mothers with GDM are able to breastfeed. But, please check with your health care provider before breastfeeding if you are taking prescription drugs to control your blood sugar.

GDM usually goes away after the baby is born. But, women with GDM have a higher risk of developing type 2 diabetes later in life. This is especially true if the extra body weight gained during pregnancy is not lost after the baby is born. Being overweight is a risk factor for type 2 diabetes.

At UWMC, new mothers are usually asked to take another blood sugar test when they have their 6-week postpartum visit. Even if your results are normal, we urge you to lose weight if you need to and to stay at a healthy body weight. You should also test your blood sugar at home from time to time, especially if you gain weight. If your blood sugar is still high at your 6-week visit, you should continue to receive medical care for your diabetes.

After your pregnancy, tell your primary doctor that you had GDM. You should have your blood sugar checked once every year. And, it is very important to have your blood sugar tested **before** your next pregnancy.

Your UWMC health care team wants to work closely with you and your providers to ensure a safe and healthy pregnancy – for both you and your baby. Please feel free to talk with us about any questions you may have.

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