

# GESTATIONAL DIABETES MELLITUS (GDM)

(Diabetes of Pregnancy)



## BASIC INFORMATION

### DESCRIPTION

A type of diabetes occurring only in pregnant women. Gestational diabetes mellitus (GDM) occurs in 2 to 5% of all pregnancies. The percentage is higher in some population groups, such as Native Americans, Mexican-Americans, Asians and East Indians.

### FREQUENT SIGNS AND SYMPTOMS

- Usually no symptoms are apparent. A prenatal examination may find that the fetus is larger than normal for the stage of pregnancy.
- The diagnosis is based on glucose testing done during the 24th to 28th week of pregnancy for nondiabetic mothers. Earlier testing is often recommended for patients diagnosed with GDM in a previous pregnancy or delivery of a baby weighing over 9 pounds.

### CAUSES

Your body isn't able to use the sugar (glucose) in your blood as well as it should, so the level of sugar in your blood becomes higher than normal.

### RISK INCREASES WITH

- Previous pregnancy with GDM.
- Obesity (especially in women with an apple-shaped body configuration).
- Mother over age 25.
- Marked increase in weight.
- Family history of diabetes mellitus.
- Previous birth of a large-for-date baby.
- Five or more previous pregnancies.
- History of an unexplained fetal death or stillbirth.

### PREVENTIVE MEASURES

While there are no specific preventive measures, prepregnancy weight loss in overweight women and prepregnancy evaluation for women considered borderline diabetic or who have a history of GDM may help reduce maternal or fetal risks.

### EXPECTED OUTCOME

- The key to successful treatment and a healthy baby is determined by the mother's motivation and ability to change her lifestyle. For some, dietary control is sufficient, while for others, insulin may be required for treatment.
- Labor is spontaneous and the birth is usually vaginal. Cesarean section may be required if the fetus is considered too large for vaginal birth (4500 grams or about 9 pounds).
- Gestational diabetes usually disappears with delivery.

### POSSIBLE COMPLICATIONS

- Excess amniotic fluid (polyhydramnios).
- Premature labor.
- Patients with poor glucose control may need to have labor induced.
- Preeclampsia.

- Miscarriage (rare).
- Congenital anomalies (rare, unless the diabetes was present before pregnancy) in the newborn (e.g., heart or lung problems, larger-than-normal baby). Metabolic disorders of a newborn (e.g., low blood sugar, low blood calcium levels) may occur if the mother has poor glucose control.
- There is an increased risk for the mother of developing diabetes mellitus in the future.



## TREATMENT

### GENERAL MEASURES

- Treatment will include diet changes and a moderate exercise program. Enlist the support of other family members for help in making the necessary changes.
- You will learn how to monitor your glucose levels. At first, glucose checks will need to be done up to 4-6 times a day on a daily basis. Once glucose levels are in the desired range and diet modifications are understood, glucose checks may be reduced with obstetric provider's approval.
- Additional literature and information may be obtained from the American Diabetic Association, P.O. Box 25757, Alexandria, VA, (800) 232-3472.

### MEDICATION

- Medicines are usually not necessary if glucose control is achieved with diet and exercise.
- Insulin injections or an oral antidiabetic medication may be prescribed for some patients unable to control glucose levels through diet and exercise.

### ACTIVITY

A program of moderate, nonweight-bearing exercise is usually recommended. Exercising for even small time periods can have major benefits. Follow any prescribed exercise program carefully.

### DIET

- Dietary changes are an important aspect of the treatment and specific diet instructions will be provided. Following this diet will decrease the risks to mother and unborn child.
- These diet changes will involve increased fiber intake, fat restriction, elimination of concentrated sweets, and monitoring of caloric intake to prevent excessive weight gain.
- Consultation with a dietician is often recommended for educational purposes, to answer your dietary questions and to provide follow-up encouragement.



## NOTIFY OUR OFFICE IF

- You are 24 to 28 weeks pregnant and have not had a screening test for gestational diabetes mellitus.
- After diagnosis of gestational diabetes, you develop any new signs or symptoms that cause you concern.
- The prescribed diet or exercise program is difficult to follow, or the drugs prescribed cause unexpected side effects.