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## **Gestational Diabetes and You**

If you've received this paper, you have recently been diagnosed with gestational diabetes (GDM).

Let's start by breaking down exactly what gestational diabetes is.

Gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose levels cannot leave the blood and be changed to energy. Glucose builds up in the blood to high levels, and this is known as hyperglycemia.

Gestational diabetes typically goes away after childbirth, however, some women who have GDM are at a higher risk for developing diabetes later in life.

There are several factors that can contribute to developing GDM, however, it can develop with no previous risk factors as well. If you are overweight/obese, physically inactive, had GDM in a previous pregnancy, have hypertension, have a history of heart disease, have PCOS, or are of a certain ethnicity, you are more likely to develop GDM.

It is more common in women with GDM to develop gestational hypertension (high blood pressure). Hypertension in pregnancy can place added stress on the kidneys and heart. Thus, pre-eclampsia is common if gestational hypertension is present.

Babies born to women with GDM may be larger than average (greater than 9 pounds at delivery). This can cause labor difficulties, cesarean delivery, heavy bleeding after delivery or severe tears at the perineum or vagina.

The baby themselves could also have problems breathing, jaundice, and may have low blood sugar at birth. Large babies are more likely to experience birth trauma, including damage to their shoulders, during vaginal delivery. There is also an increased risk of still birth with uncontrolled GDM.

Given the above information, we keep an extra eye on you during your pregnancy. You will now have to perform finger sticks 4 times daily and keep a log of the readings (our office provides the log). You will have more frequent sonograms to ensure the baby is growing well. You will also have a Non-Stress Test (NST) weekly starting at 32 weeks.

Your readings will be discussed at every office visit. And should your risk level change in any way a provider will discuss with you the proper plan of care that is best for you and your baby.

You will need to have a 2-hour glucose challenge at your 6-week post-partum visit to ensure that the GDM has resolved.

For more information please refer to [www.diabetes.org](http://www.diabetes.org); click on "Diabetes Basics" and then click on "Gestational".