Nutrition & Gestational Diabetes

What is Gestational Diabetes Mellitus (GDM)?

Gestational diabetes is high blood sugar (glucose) that starts or is first diagnosed during pregnancy. In pregnancy, hormones are produced that make the mother resistant to her own insulin. This is normally compensated by increasing insulin production to maintain normal blood sugar levels. However, some pregnant women cannot produce enough extra insulin and therefore their glucose levels become elevated, causing gestational diabetes.

How common is GDM?

The Centers for Disease Control and Prevention (CDC) estimates that gestational diabetes affects between 2-10% of pregnancies in the United States.

What are the Implications in Pregnancy and at Delivery?

Most women with gestational diabetes (70-85%) can achieve normoglycemia with nutritional therapy alone and it usually goes away after delivery. However, there is an increased risk for developing Type 2 diabetes later in life and therefore, you should be closely followed for signs of diabetes over the next 5 to 10 years after delivery.

There are many risks of having diabetes in pregnancy when blood sugar is not well controlled. With good control, most pregnancies have good outcomes. Pregnancies complicated by GDM may lead to increased risk for spontaneous abortion, fetal malformation, fetal macrosomia, fetal death, and neonatal morbidity.

Pregnant women with gestational diabetes tend to have larger babies at birth. This can increase the chance of problems at the time of delivery. This includes:

- Birth injury (trauma) because of the baby's large size. Risk for vacuum assisted or forceps delivery
- Delivery by C-section
- Your baby is more likely to have periods of low blood sugar (hypoglycemia) during the first few days of life.

Mothers with gestational diabetes have an increased risk for high blood pressure during pregnancy and will be closely monitored. Please notify the office if you are experiencing rapid weight gain caused by a significant increase in bodily fluid, abdominal pain, severe headaches unrelieved by Tylenol, reduced urine or no urine output, dizziness, excessive nausea or vision changes.

Exercise

An exercise regimen of about 30 minutes of brisk walking three to four times per week is recommended.

Monitoring During Pregnancy

- Daily fetal movement counting is advised.
- Checking BS and logging values four times per day is recommended. Always check fasting BS and three levels following meals.
- The following are target levels:
    - **Fasting** 70-95mg/dL
    - **1 hr after eating** Less than 140mg/dL
    - **2 hrs after eating** Less than 120mg/dL
        - NOTE: Test 1.5-2 hours after the start of the meal
- You may check additional levels after exercise if exercise lasts more than 30 minutes or anytime you have symptoms of low blood sugar.