

Gestational Diabetes

Approximately 2% - 4% of women in the United States develop gestational diabetes. Gestational diabetes may have negative effects on both mother and fetus. However, if gestational diabetes is treated appropriately, there is little difference between the risks of a gestational diabetes pregnancy and a normal pregnancy. Fortunately, medical care has dramatically improved the outcome of pregnancies with gestational diabetes.

Insulin is the hormone produced by the pancreas that regulates blood sugar. The placenta produces enzymes which oppose the effects of insulin and decrease insulin's ability to regulate blood sugar. These enzymes from the placenta increase during the second and third trimester of pregnancy and impair insulin action. In most pregnancies, the mother's pancreas compensates by increasing insulin secretion. However, in a small number of pregnancies, the pancreas cannot meet the increased demands for insulin and higher than normal blood sugar levels develop.

Untreated gestational diabetes puts both mother and baby at risk. The diabetic mother has increased risk for abnormal amniotic fluid levels, high blood pressure, and Cesarean delivery. Babies are at higher risk for extreme drops in blood sugar, large birth size, birth trauma, and stillbirth.

It should be emphasized, if gestational diabetes is treated appropriately, there is little difference between a gestational diabetes pregnancy and a normal pregnancy.

Treatment of Gestational Diabetes

Diet is the first line of treatment for gestational diabetes. The earlier the diet is started, the quicker blood sugar levels will improve. Many patients can manage gestational diabetes with diet alone.

Patients will be instructed in home glucose monitoring. The home glucose results will let us know if blood sugar levels are being controlled by diet.

Occasionally, for some patients, diet alone does not regulate blood sugar, and insulin is required to control glucose levels. In addition, there are some patients who will need to begin insulin immediately. These are patients who initially have a high fasting blood sugar.

For patients requiring insulin, we will have you schedule an appointment with a diabetic educator to discuss how insulin is given.

Whether diet is sufficient or insulin is required, the goal of treatment for gestational diabetes is to keep blood sugar levels as normal as possible. Normal blood sugar levels insure that the risk of complication is minimized.

When closely following your diet and other treatments, the adverse effects of gestational diabetes will be minimized. We will work with you to help make your pregnancy safe for you and your baby.

Please note 5% - 10% of mothers with gestational diabetes have glucose intolerance after delivery. A 75 gram, 2 hour glucose test should be given approximately six weeks after delivery. A fasting glucose test should be given at your subsequent annual exams.