



GESTATIONAL DIABETES

Gestational diabetes develops during pregnancy (gestation). Like other types of diabetes, gestational diabetes affects how your cells use sugar (glucose). Gestational diabetes causes high blood sugar that can affect your pregnancy and your baby's health.

Any pregnancy complication is concerning, but there's good news. Expectant women can help control gestational diabetes by eating healthy foods, exercising and, if necessary, taking medication. Controlling blood sugar can prevent a difficult birth and keep you and your baby healthy.

In gestational diabetes, blood sugar usually returns to normal soon after delivery. But if you've had gestational diabetes, you're at risk for type 2 diabetes. You'll continue working with your health care team to monitor and manage your blood sugar.

DRWA is currently funding research into developing a simpler screening process for gestational diabetes

SYMPTOMS

For most women, gestational diabetes doesn't cause noticeable signs or symptoms.

If possible, seek health care early — when you first think about trying to get pregnant — so your doctor can evaluate your risk of gestational diabetes as part of your overall childbearing wellness plan. Once you're pregnant, your doctor will check you for gestational diabetes as part of your prenatal care. If you develop gestational diabetes, you may need more-frequent checkups. These are most likely to occur during the last three months of pregnancy when your doctor will monitor your blood sugar level and your baby's health.

Your doctor may refer you to additional health professionals who specialize in diabetes, such as an endocrinologist, a registered dietitian or a diabetes educator. They can help you learn to manage your blood sugar level during your pregnancy.

To make sure your blood sugar level has returned to normal after your baby is born, your health care team will check your blood sugar right after delivery and again in six weeks. Once you've had gestational diabetes, it's a good idea to have your blood sugar level tested regularly.

The frequency of blood sugar tests will, in part, depend on your test results soon after you deliver your baby.

CAUSES

Researchers don't know why some women develop gestational diabetes. To understand how gestational diabetes occurs, it can help to understand how pregnancy affects your body's glucose processing.

Your body digests the food you eat to produce sugar (glucose) that enters your bloodstream. In response, your pancreas — a large gland behind your stomach — produces insulin.

Insulin is a hormone that helps glucose move from your bloodstream into your body's cells, where it's used as energy.

RISK FACTORS



Any woman can develop gestational diabetes, but some women are at greater risk. Risk factors for gestational diabetes include:

- Age greater than 25. Women older than age 25 are more likely to develop gestational diabetes.
- Family or personal health history. Your risk of developing gestational diabetes increases if you have prediabetes — slightly elevated blood sugar that may be a precursor to type 2 diabetes — or if a close family member, such as a parent or sibling, has type 2 diabetes. You're also more likely to develop gestational diabetes if you had it during a previous pregnancy, if you delivered a baby who weighed more than 9 pounds (4.1 kilograms) or if you had an unexplained stillbirth.
- Excess weight. You're more likely to develop gestational diabetes if you're significantly overweight with a body mass index (BMI) of 30 or higher.
- Nonwhite race. For reasons that aren't clear, women who are black, Hispanic, American Indian or Asian are at higher risk to develop gestational diabetes.

COMPLICATIONS

Most women who have gestational diabetes deliver healthy babies. However, gestational diabetes that's not carefully managed can lead to uncontrolled blood sugar levels and cause problems for you and your baby, including an increased likelihood of needing a C-section to deliver.

Complications that may affect your baby

If you have gestational diabetes, your baby may be at increased risk of:

- Excessive birth weight. Extra glucose in your bloodstream crosses the placenta, which triggers your baby's pancreas to make extra insulin. This can cause your baby to grow too large (macrosomia). Very large babies — those that weigh 9 pounds or more — are more likely to become wedged in the birth canal, sustain birth injuries or require a C-section birth.
- Early (preterm) birth and respiratory distress syndrome. A mother's high blood sugar may increase her risk of early labour and delivering her baby before the baby's due date. Or her doctor may recommend early delivery because the baby is large.
- Low blood sugar (hypoglycemia). Sometimes babies of mothers with gestational diabetes develop low blood sugar (hypoglycemia) shortly after birth because their own insulin production is high. Severe episodes of hypoglycemia may provoke seizures in the baby. Prompt feedings and sometimes an intravenous glucose solution can return the baby's blood sugar level to normal.
- Type 2 diabetes later in life. Babies of mothers who have gestational diabetes have a higher risk of developing obesity and type 2 diabetes later in life.

Complications that may affect you

Gestational diabetes may also increase the mother's risk of:



High blood pressure and preeclampsia. Gestational diabetes raises your risk of high blood pressure, as well as preeclampsia — a serious complication of pregnancy that causes high blood pressure and other symptoms that can threaten the lives of both mother and baby.

Future diabetes. If you have gestational diabetes, you're more likely to get it again during a future pregnancy. You're also more likely to develop type 2 diabetes as you get older. However, making healthy lifestyle choices such as eating healthy foods and exercising can help reduce the risk of future type 2 diabetes.

Of those women with a history of gestational diabetes who reach their ideal body weight after delivery, fewer than 1 in 4 eventually develop type 2 diabetes.

PREVENTION

There are no guarantees when it comes to preventing gestational diabetes — but the more healthy habits you can adopt before pregnancy, the better. If you've had gestational diabetes, these healthy choices may also reduce your risk of having it in future pregnancies or developing type 2 diabetes down the road.

Eat healthy foods. Choose foods high in fibre and low in fat and calories. Focus on fruits, vegetables and whole grains. Strive for variety to help you achieve your goals without compromising taste or nutrition. Watch portion sizes.

Keep active. Exercising before and during pregnancy can help protect you from developing gestational diabetes. Aim for 30 minutes of moderate activity on most days of the week. Take a brisk daily walk. Ride your bike. Swim laps.

If you can't fit a single 30-minute workout into your day, several shorter sessions can do just as much good. Park in the distant lot when you run errands. Get off the bus one stop before you reach your destination. Every step you take increases your chances of staying healthy.

Lose excess pounds before pregnancy. Doctors don't recommend weight loss during pregnancy. But if you're planning to get pregnant, losing extra weight beforehand may help you have a healthier pregnancy.

Focus on permanent changes to your eating habits. Motivate yourself by remembering the long-term benefits of losing weight, such as a healthier heart, more energy and improved self-esteem.