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Diabetes During Pregnancy

A guide for mothers-to-be diagnosed with gestational diabetes

Remember prevention & early detection is key!
If you're pregnant remember to get regular prenatal check-ups

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HEALTHY MOMS, HEALTHY BABIES

HOW WILL I KNOW THAT I HAVE GESTATIONAL DIABETES?

Resouces for additional information

American Diabetes Association:
http://www.diabetes.org/diabetes-basics/gestational/

Centers for Disease Control:

Mayo Clinic:
http://www.mayoclinic.com/health/gestational-diabetes/DS00316

National Diabetes Information Clearinghouse (NDIC) – A service of the U.S. Dept. of Health & Human Services:

PubMed Health:

Most women do not have any symptoms. You should consult a doctor if you display any of the following as they may be a sign of diabetes: increased thirst or urination, fatigue, blurred vision, nausea/vomiting, weight loss despite increased appetite or frequent bladder, vaginal or skin infections. All women should get a fasting blood sugar at their initial prenatal visit and then should be re-evaluated with an oral glucose tolerance test between 26-28 weeks of pregnancy.
WHAT IS GESTATIONAL DIABETES?

Gestational Diabetes occurs in pregnant women who have never been diagnosed with diabetes before but who have high blood sugar (glucose) levels during pregnancy.

WHAT CAUSES IT?

The exact cause is unknown. Some scientists believe that it is caused by hormones released from the placenta, the structure that helps support the baby as it grows inside of its mother. These hormones are important for the baby's development, but they can also lead to a phenomenon called insulin resistance, which makes it hard for the mother's body to use insulin even though it is making enough of it. Since insulin is responsible for getting glucose into cells so that it can be used for energy, and since the mother’s body is resistant to it, the sugar builds up in the blood. This is called hyperglycemia, and it can lead to devastating consequences for both the mom and baby.

WHAT EFFECT DOES IT HAVE ON MY BABY?

Glucose is able to cross the placenta and cause the baby to have high blood sugar too. This causes the baby to make more insulin, and since it is getting more energy than it needs, it stores this extra energy as fat. This causes the baby to gain weight which is known as macrosomia.

WHAT CAN I DO TO PREVENT IT?

Sometimes it cannot be prevented but you can help lessen your chances by Eating Right, Exercising and Maintaining a Healthy Weight.

WHAT ARE MY TREATMENT OPTIONS?

Diet & Exercise should always be tried first, but if you fail to maintain a healthy blood sugar your doctor may prescribe you either daily insulin injections or an oral medication called metformin. Both medications have been shown to have similar efficacy and safety profiles in a limited amount of clinical trials.

WILL I HAVE DIABETES FOREVER?

Not necessarily. Most cases will resolve upon delivery of the infant. However, you may develop diabetes in later pregnancies, and some mothers may go on to develop Type II Diabetes for which they are also at increased risk.