

This document was created by a medical student enrolled in the Rural Physicians Associate Program (RPAP) at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up-to-date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

# Diabetes During Pregnancy

HOW WILL I KNOW THAT I HAVE GESTATIONAL DIABETES?



**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.**



A GUIDE FOR MOTHERS-TO-BE DIAGNOSED WITH GESTATIONAL DIABETES



## RESOURCES FOR ADDITIONAL INFORMATION

**American Diabetes Association:**

<http://www.diabetes.org/diabetes-basics/gestational/>

**Centers for Disease Control:**

[http://www.cdc.gov/diabetes/pubs/pdf/gestational\\_Diabetes.pdf](http://www.cdc.gov/diabetes/pubs/pdf/gestational_Diabetes.pdf)

**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:**

<http://diabetes.niddk.nih.gov/dm/pubs/gestational/>

**PubMed Health:**

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001898/>

**Remember Prevention & Early Detection is Key!**

*If you're pregnant remember to get regular prenatal check-ups*



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Above Picture Compliments of  
<http://www.mydiabeticdiettips.com/wp-content/uploads/2011/06/definition-of-type-2-diabetes.jpg>



HEALTHY MOMS, HEALTHY BABIES

## WHAT IS GESTATIONAL DIABETES? ○○○○○○

Gestational Diabetes occurs in pregnant woman 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**.

## OTHER NOTABLE EFFECTS ON THE BABY...

- Shoulder dystocia (damage to the shoulders during birth due to the large size of the baby can result in nerve damage)
- Low Blood Sugar at Birth (hypoglycemia)
- Higher Risk of Breathing Problems
- Higher Risk for Diabetes & Type II Diabetes as Adults

## 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.



Picture at Right Compliments of [www.diabetestreatment365.com](http://www.diabetestreatment365.com)



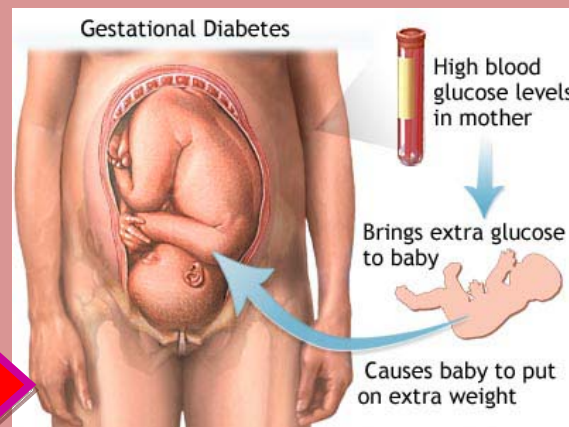
Above Picture Compliments of <http://www.drugs-expert.com/wp-content/uploads/2010/05/Metformin.jpg>

## 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**



Above Picture Compliments of <http://www.mydiabeticdiets.com/tag/gestational-diabetes-diet/>



Above Picture Compliments of <http://www.dorchesterhealth.org/gdm.htm>

## 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.