

# Gestational Diabetes: Understanding, Managing, and Preventing Risks



## Highlights

Gestational diabetes is a type of diabetes that starts during pregnancy.

Diabetes is a condition caused by too much glucose (sugar) in the bloodstream.

Routine screening for gestational diabetes is recommended between week 24 and 28 of pregnancy.

Treatment usually involves monitoring blood sugar levels, dietary adjustments, and possibly medication, including insulin.

Having gestational diabetes increases the risk of developing type 2 diabetes in the future.

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## **What is Gestational Diabetes?**

Gestational diabetes is a type of diabetes that occurs during pregnancy. It differs from pre-existing diabetes, which some people may have before conception.

When gestational diabetes develops, pregnancy hormones interfere with the body's ability to use insulin effectively. This results in higher-than-normal blood sugar levels, which can affect both the pregnant person and the baby.

Gestational diabetes is a common condition, affecting about 1 in 10 to 1 in 20 pregnancies. It is typically diagnosed between the 24th and 28th week of pregnancy during routine screening.

## **Symptoms of Gestational Diabetes**

Many people with gestational diabetes do not experience any noticeable symptoms. The condition is often detected through routine prenatal screening.

However, if blood sugar levels are significantly elevated, symptoms may include:

- Increased thirst
- Frequent urination
- Fatigue
- Blurred vision

## **Causes of Gestational Diabetes**

During pregnancy, the placenta produces hormones that help the baby develop. These hormones can also reduce the effectiveness of insulin, leading to insulin resistance. In a normal pregnancy, the body compensates by producing more insulin. However, if the body cannot produce enough insulin to overcome this resistance, blood sugar levels rise, resulting in gestational diabetes.

## **Risk Factors for Gestational Diabetes**

Being above a healthy weight range or gaining excessive weight in early pregnancy

Being over 35 years old

A family history of type 2 diabetes

Having had gestational diabetes in a previous pregnancy

Having polycystic ovary syndrome (PCOS)

Taking certain medications, such as steroids or antipsychotics

Having a history of delivering a large baby (over 4kg)

## **How is Gestational Diabetes Diagnosed?**

Screening for gestational diabetes is a standard part of prenatal care. Most people undergo testing between weeks 24 and 28 of pregnancy. Those with risk factors may be tested earlier.

The most common test used for diagnosis is the oral glucose tolerance test (OGTT). This involves:

Fasting for about 10 hours (usually overnight).

Having a baseline blood test to measure fasting blood glucose levels.

Drinking a glucose solution containing 75g of glucose.

Taking additional blood tests one and two hours after drinking the solution.

If at least one of the blood glucose readings is higher than the standard range, gestational diabetes is diagnosed.

## **Managing Gestational Diabetes**

Proper management of gestational diabetes is crucial to minimize risks for both the pregnant person and the baby. Treatment typically involves:

**Blood Sugar Monitoring:** Individuals with gestational diabetes must regularly check their blood glucose levels using a glucometer. Testing is usually done in the morning before eating (fasting blood sugar) and 1-2 hours after meals.

**Dietary Modifications:** A balanced diet helps regulate blood sugar levels. A

dietitian may recommend spreading carbohydrate intake across small meals and snacks. Choosing whole grains, vegetables, lean proteins, and healthy fats is encouraged.

**Physical Activity:** Regular moderate exercise, such as walking, can help control blood sugar levels. Always consult a doctor before starting or modifying an exercise routine during pregnancy.

**Medication:** If lifestyle changes are not enough to control blood sugar, medication may be necessary. Insulin injections and metformin are commonly used and considered safe during pregnancy.

## **Labour and Birth Considerations**

Most individuals with gestational diabetes can have a vaginal birth. However, if blood sugar levels are not well controlled, complications may arise, increasing the likelihood of interventions such as induced labor or cesarean delivery.

## **Postpartum Care**

After delivery, blood sugar levels usually return to normal. However, monitoring remains important:

The baby's blood glucose levels will be checked within the first few hours of birth.

Frequent feeding (every 2-3 hours) can help maintain stable blood sugar levels in the baby.

If needed, supplementary feeding with expressed milk or formula may be recommended.

For the parent, a follow-up glucose test is typically performed around six weeks postpartum to check for ongoing diabetes. Regular screening for type 2 diabetes every few years is also advised.

## **Long-Term Impact of Gestational Diabetes**

Having gestational diabetes increases the risk of developing type 2 diabetes later in life. To reduce this risk:

Maintain a healthy weight  
Follow a balanced diet  
Stay physically active  
Have regular diabetes screenings

## **Can Gestational Diabetes Be Prevented?**

While gestational diabetes cannot always be prevented, certain lifestyle choices may reduce the risk:

Maintaining a healthy weight before pregnancy  
Staying active before and during pregnancy  
Eating a nutritious diet rich in whole foods and low in processed sugars  
Avoiding excessive weight gain during pregnancy

If gestational diabetes occurred in a previous pregnancy, early screening in future pregnancies may be recommended.

## **Complications of Gestational Diabetes**

### **During Pregnancy:**

Macrosomia: A larger-than-average baby, increasing the likelihood of delivery complications.

Miscarriage or Stillbirth: Higher risk if blood sugar is poorly controlled.

High Blood Pressure and Pre-eclampsia: Conditions that can be dangerous for both parent and baby.

Preterm Birth: Higher likelihood of early labor.

Need for Medical Interventions: Increased chances of cesarean birth or assisted delivery.

### **After Pregnancy:**

Both the parent and the baby may face long-term health risks:

For the Parent: A significantly higher chance of developing type 2 diabetes in the future.

For the Baby: Higher risk of obesity and type 2 diabetes later in life.

Reducing post-pregnancy risks:

Staying active and maintaining a healthy diet

Regular postnatal health checks

Breastfeeding, which can help regulate blood sugar levels and reduce diabetes risk

## **Tools and Assistance**

If you are dealing with gestational diabetes or are concerned about your blood sugar levels during pregnancy, several resources and forms of support are available:

**Healthcare Professional Support:** Regular consultations with an obstetrician, diabetes specialist, or endocrinologist are crucial for managing gestational diabetes. These specialists can provide personalized care plans and monitor your condition throughout the pregnancy.

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**Blood Glucose Monitoring:** A glucometer is a key tool for regularly checking blood glucose levels at home. Keeping track of fasting and post-meal glucose levels helps manage the condition effectively.

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**Dietitian Consultation:** A registered dietitian specializing in pregnancy nutrition can offer advice on creating a balanced diet that regulates blood sugar levels. You may also be taught to read food labels, choose healthier food options, and create meal plans to maintain steady glucose levels.

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**Exercise Plans:** A healthcare provider or physical therapist can help you create a safe, effective exercise plan to manage blood sugar levels during pregnancy.

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