

**Q: What are the risks to the developing fetus?**

**A:** If untreated, gestational diabetes can cause serious complications for your newborn. For example, babies of untreated mothers may grow too large (called macrosomia), increasing the risk of problems during birth, such as injuries to their shoulders and arms. Having a very large baby may also increase your risk for requiring a cesarean section or other assistance during delivery (such as a forceps or vacuum delivery).

Your baby may also experience a sudden, large drop in blood sugar after birth. Your newborn baby may also have a higher risk of developing jaundice and breathing problems. The risk of birth defects in infants whose mothers have gestational diabetes is very low, the risk increases only if you had undiagnosed diabetes before pregnancy.

If you have gestational diabetes, your baby does not have an increased risk of developing type 1 diabetes during childhood. However, your child is more likely to develop type 2 diabetes later in life as well as be overweight throughout life.



More Information Can Be Found At:

There is a tool to help you visualize a food pyramid for pregnant mothers at <http://www.mypyramid.gov/mypyramidmoms/index.html>. It is designed for your specific due date and height and weight.

[www.diabetesorganization.org](http://www.diabetesorganization.org)



## References

<http://www.webmd.com/baby/understanding-gestational-diabetes-basics>

Davidson, M., London, M., & Ladewig, P. (2008). *Olds' Maternal-Newborn Nursing & Women's Health Across the Lifespan* (8th ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall.

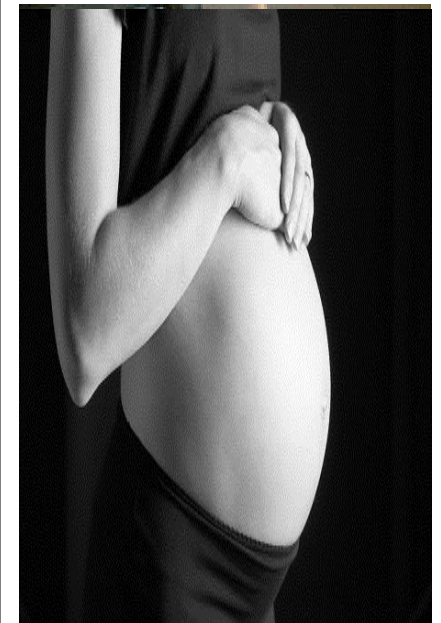
Ecker, J. &. (2008). Gestational diabetes -- setting limits, exploring treatments. *New England Journal of Medicine*, 2061-2063.

USDA. (2010, May 12). My Pyramid for Pregnancy and Breastfeeding. Retrieved October 3, 2010, from My Pyramid.gov: <http://www.mypyramid.gov/mypyramidmoms/index.html>



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## Gestational Diabetes Information



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*Nurs 30050: Nursing Informatics*

**KSUSNS**

## Gestational Diabetes



**Insulin Syringe and Types of Insulin**

### **Q: What is gestational Diabetes ?**

**A:** Gestational diabetes is a disorder that occurs during pregnancy when the body becomes intolerant to the sugar produced when carbohydrates are broken down after we eat them.

### **Q: How is GDM Prevented?**

**A:** A healthy weight before pregnancy can help prevent diabetes during pregnancy.

A healthy diet and eating habits before pregnancy can help you maintain the same healthy diet and eating habits when you become pregnant. You should only consume an extra 300 calories per day during pregnancy.

A healthy diet consists of foods from each food group on the food guide pyramid such as grains, vegetables, fruit, milk, meat & beans.

### **Q: How are you tested for GDM?**

**A:** Pregnant women who are not high-risk are tested using a one hour glucose tolerance test at 24-28 weeks. (High risk patients are those that are overweight before pregnancy, have a history of newborns weighing over 9.5 lbs., or have a history of an unknown stillborn birth.) The one hour glucose tolerance test is done any time of day during the office visit. It measures the body's ability to use the glucose, or sugar, and break it down for energy use. If the level of sugar in your blood is too high (more than 130-140 mg/dL), then another test will need to be performed to see if you have gestational diabetes mellitus.

If you have a blood glucose level greater than 130-140 mg/dL you will need to undergo a three hour glucose tolerance test. This test is usually performed in the morning after a period of fasting (usually 12 hours). Your blood glucose level will be tested when you come to the office (fasting blood sugar) and then again after one, two, and three hours. If your blood glucose levels exceed more than two levels dur-



ing the test you have gestational diabetes mellitus and you will need to see a nutritionist and start insulin therapy.



### **Q: Who is at risk for GDM?**

**A:** Are obese when you become pregnant.

Have high blood pressure or other medical complications.

Have given birth to a large (greater than 9 pounds) baby before.

Have given birth to a baby that was stillborn or suffering from certain birth defects.

Have had gestational diabetes before.

Have a family history of diabetes.

Come from certain ethnic backgrounds, including African, Hispanic, Asian, Native American, or Pacific Islander.

Are older than 30 years.

But half of women who develop gestational diabetes have no risk factors.