



What is Gestational Diabetes?

Gestational diabetes is a special kind of diabetes that happens only during pregnancy. Normally, as food is digested, it turns into sugar (**glucose**) that goes into your bloodstream. Your body makes a substance called **insulin** that helps your cells use this blood sugar. Changes that occur in your body while you're pregnant may cause your blood sugar to be too high. This can be risky for both you and your baby. You can take steps to control your blood sugar and reduce these risks.

Managing gestational diabetes

Managing gestational diabetes means controlling your blood sugar while you are pregnant. Your health care team will help you put together a plan to do this. This plan will include:

- **Eating right.** Eating the right foods is the main way to control your blood sugar. You need to eat a variety of foods from each of the food groups each day. To help you with the changes that may be needed in your diet, you will likely work with a registered dietitian (an expert on food and nutrition). The dietitian can help you understand how specific foods affect your blood sugar. He or she can also teach you the skills you need to plan healthy, balanced meals.
- **Getting exercise.** Your body uses more blood sugar when you exercise. Your health care team can decide on the best kind of exercise for you, and the best times for you to exercise.
- **Checking your blood sugar.** You will most likely check your blood sugar at home 3 or more times a day. Your health care team will teach you how to do this. They will also discuss your blood sugar goals with you. Your blood sugar may also be tested every week or so in the lab.



Eating the right foods will help you keep your blood sugar at safe levels for you and your baby.

Risks to your baby

If you don't control your blood sugar, your baby is more likely to have these problems:

- **Your baby may grow too large.** If your blood sugar stays too high, your baby may grow too large (macrosomia) to come through your vagina. Shoulder dystocia is one complication that may occur during delivery. Shoulder dystocia happens is the head delivers but the baby's shoulder is stuck behind the pubic bone. If there is a shoulder dystocia, the arms and shoulders could be injured, which may result in permanent arm damage. The baby can also be hypoxic and acidemic if the dystocia can't be corrected. Hypoxia, or low oxygen levels, can lead to cerebral palsy or even death, although deaths are rare.
- **Your baby's organs may not be fully developed before birth.** If you are diabetic, it may be necessary for your baby to be delivered early. If delivered early, the baby's lungs may not work well. This is called respiratory distress syndrome (RDS). Your baby's liver also may not work properly, and your baby may have yellowing of the skin and eyes (jaundice) after birth.
- **Your baby's blood sugar may be low after birth.** If your blood sugar is too high, your baby makes extra insulin. The baby will continue to make extra insulin right after birth. Therefore he or she may have to be treated for low blood sugar.
- **Your baby could be stillborn.** This is very rare, but your baby could die before birth if your blood sugar stays high for too long.

Risks to you

If you don't control your blood sugar, you are more likely to have these problems:

- **You may have high blood pressure.** High blood sugar makes you more likely to have high blood pressure during your pregnancy (preeclampsia). This is a danger to your health which could lead to early delivery for your baby.
- **You may have more infections.** High blood sugar makes you more likely to have bladder, kidney, and vaginal infections.
- **You may be uncomfortable or short of breath.** High blood sugar can cause too much fluid around the baby (polyhydramnios). Your abdomen gets big and pushes on your lungs.
- **Your delivery may be harder, and recovery may take longer.** If your blood sugar stays too high, your baby may grow too large. A large baby might cause injury to you during birth. Or the baby may have to be delivered by cesarean

section (C-section). This means making a cut (incision) in your abdomen and uterus. Needing a C-section is one of the most common risks of gestational diabetes.

Reduce your future risk of type 2 diabetes

Women who have gestational diabetes are at higher risk for developing type 2 diabetes. To help reduce your risk, lose weight if you're overweight. Be as active as you can. Eat more fruits and vegetables and fewer processed foods. And have your doctor screen you regularly for diabetes.

Who gets gestational diabetes?

Gestational diabetes is more likely in women who:

- Are overweight.
- Have a family history of diabetes.
- Have had a baby who weighed more than 9 pounds at birth.
- Have had a baby who died before birth.
- Have had gestational diabetes in the past.
- Are Latina, African American or Native American, South or East Asian, or Pacific Islander.

For more information

- **American Diabetes Association** 800-342-2383 www.diabetes.org
- **Academy of Nutrition and Dietetics**
www.eatright.org

© 2000-2015 The StayWell Company, LLC. 780 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.