

Gestational Diabetes

What is Gestational Diabetes?

Diabetes is a problem of too much sugar in the bloodstream. Some women in pregnancy will develop a form of diabetes (called gestational diabetes) because the placenta makes hormones that make it more difficult for some women to process sugar normally. Approximately 12% of pregnant women have gestational diabetes and often there are no physical symptoms.

How can Gestational Diabetes affect my pregnancy and baby?

The prenatal care of women with GDM focuses upon identifying and managing conditions that are more common among women with glucose impairment. Maintaining good glycemic control (normal blood sugars) is the key intervention for reducing the frequency and/or severity of these conditions, which can include:

1. Pre-eclampsia: Women with GDM are at higher risk of developing preeclampsia than women without GDM, possibly due, at least in part, to insulin resistance.
2. Large for gestational age baby: Baby growing larger than what would be normal for you.
3. Stillbirth: Fetuses of women with GDM appear to be at higher risk of intrauterine demise. This risk seems to be related primarily to poor glycemic control.
4. Neonatal morbidity: Neonates of pregnancies complicated by GDM are at increased risk of hypoglycemia, hyperbilirubinemia, hypocalcemia, erythremia, and respiratory distress syndrome.

Women who have diabetes before getting pregnant are at higher risk for these and other problems. Most of these problems are preventable if gestational diabetes is diagnosed early in pregnancy and special dietary measures are used to keep blood sugars normal.

How is Gestational Diabetes Diagnosed?

There are several methods of testing for gestational diabetes. The first screening test we offer is in the 1st trimester, called the Hemoglobin A1C. Hemoglobin A1C is the standard test used for diabetes diagnosis. The test is looking at the percentage of hemoglobin (an oxygen carrier in your red blood cells) that is coated with glucose, and helps determine whether diabetes was present before pregnancy. We recommend this test with your initial prenatal panel. If it is abnormal, additional testing will be needed to determine if you have pre-existing diabetes. If you are found to have pre-existing diabetes, you will be screened out of our care.

Because the Hemoglobin A1C is not accurate as a screening tool after the first trimester (12 weeks) of pregnancy, if your first appointment is at 13 weeks or more, and you have risk factors for gestational diabetes, you have the option to do an early screening test of testing your blood sugar after an overnight fast, and then again 2 hours after a meal. If you are at high risk, and you start care with us at 13 weeks or later, we recommend you take this test.

It is the standard in the late 2nd trimester to offer all women (regardless of whether they have risk factors or not) gestational diabetes testing that is a diagnostic test. Research has shown that gestational diabetes is most likely to present between 24-28 weeks and testing mid-way through pregnancy gives women who are diagnosed plenty of time to make diet and lifestyle changes to support a healthy pregnancy, birth and postpartum. A 2-hour Glucose Tolerance Test is the method recommended by the American Diabetes Association and the World Health Organization. The test involves drinking a large amount of glucose (75 grams) after an overnight fast and testing the blood three times to see how the body processes sugar over a set period of time (Blood test is done before drinking the glucose, then again at one hour and two hours after). If one of these blood checks on the test are high, the diagnosis of gestational diabetes is made.

If you are at high risk of diabetes, or if there are signs or symptoms of gestational diabetes, your midwives may recommend additional testing at any point in your pregnancy.

Are there any alternatives to the standard screen or diagnostic test for Gestational Diabetes?

1. You can decline screening or testing altogether, which your midwives may not recommend depending on your individual risk factors. The American Diabetes Association recommends screening and testing for all women who have a risk factor listed above. If you don't have any of the risk factors, then the American Diabetes Association would not recommend you take the screen, however the American College of Obstetric and Gynecology recommend all pregnant women take the screen.
2. Some women will choose to skip the screen and/or the diagnostic test and do home monitoring of their blood sugar levels instead. You can check out a glucose monitor from Andaluz at no charge. We recommend a period of one to two weeks of home monitoring for screening purposes, with two blood sugar checks per day: one first thing in the

morning before eating, and again exactly one or two hours after checked at one hour or two).

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If I am diagnosed with Gestational Diabetes, what does the treatment look like?

Gestational diabetes is usually able to be treated with specific diet changes and exercise. Treatment will also include checking your blood sugar levels first thing in the morning and once after each meal (four times daily total). This is easy to do with a glucose monitor that you can get from the drugstore. We may also ask you to meet with a diabetic nutrition counselor. Most women are able to control blood sugar levels through diet changes and exercise, but if not, you would need to see a doctor for different treatment. Six to twelve weeks after you have your baby, another diabetes test is recommended to make sure the gestational diabetes has resolved.

What are the benefits of testing?

The main benefit of testing is knowing whether your blood sugar level is normal or not. Knowing this information helps you to make decisions about what to do to have a healthy pregnancy and protect yourself and your baby from the risks listed above. Also, because women who have gestational diabetes are at higher risk for diabetes later in life, knowing this will help them to monitor their health to prevent this disease.

What are the risks of testing?

No serious or permanent risks are involved in the screening test. The main risks are as follows:

1. Some women get very nauseated when they drink the glucola.
2. There is a chance of a "false positive" screen (the result may say you might have gestational diabetes when you really do not). Your midwives can talk to you about ways to decrease your chances of a false positive result with the foods you eat before the screen. If you choose to do the diagnostic test, this risk does not apply.
3. If you need to transfer to a hospital in labor, not having a diabetes test may lead to unnecessary testing on the baby after birth.

Please remember that passing the diabetes screen or diagnostic test does not mean that you can eat as much sugar as you please. Good nutrition is always important to support a healthy pregnancy and optimal birth.

If you are interested in more information and research about gestational diabetes and how it can affect you and your baby, your midwives can provide you with additional resources.

What are the risk factors for Gestational Diabetes?

When considering whether to test, it is important to weigh your personal risk factors for gestational diabetes (please check those that apply to you):

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High Risk (if you check any of these boxes, you are considered high risk):

- Obesity (BMI greater than or equal to 30)
- Overweight (BMI greater than or equal to 25) AND has additional risk factors**

**Additional risk factors include: Physical inactivity, poor diet, first-degree relative with diabetes, member of an ethnic group with a high prevalence of diabetes (African American, Latina, Native American, Asian, Pacific Islander), Diagnosis of GDM in previous pregnancy, baby weighing 9 pounds or more in a previous pregnancy, Hypertension, Cholesterol instability, Women with PCOS, Other clinical conditions related to insulin resistance.

Moderate Risk:

- Being overweight without any of the above additional risk factors
- Family members outside first-degree relatives who have diabetes
- Frequent yeast infections
- Higher than normal levels of amniotic fluid in this pregnancy
- Maternal age over 25 years old (risk highest over age 35)
- History of stillbirth, many miscarriages or birth defects
- Periodontal disease
- Mother was born with low birth weight
- Carrying twins

Low Risk (if you have not checked any of the boxes above, the following should apply to you):

- Age less than 25 years
- Normal weight before this pregnancy
- Member of an ethnic group with a low prevalence of diabetes
- No known diabetes in a first-degree relative
- No history of abnormal glucose intolerance
- Excellent diet

I have discussed gestational diabetes and my testing options with my midwife. As discovered on this form, my risk level for gestational diabetes is:

- High Risk
- Moderate Risk
- Low Risk

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In addition to these standard tests, I understand that I have the option to decline formal testing and check out a glucose monitor to test my blood is at home, with the food I normally eat.

I choose to:

- Take the standard test 50 gram, 1 hour glucose testing at 28 weeks
- Decline the standard test at 28 weeks, and instead obtain a glucose monitor to check my blood sugar at home according to the provided chart for multiple readings of fasting, 1 hour post meal, and 2 hour post meal readings.
- Decline all testing for gestational diabetes

Electronically signed by: Sample Form

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