Information for Women with GDM

If you haven’t seen a Sweet Success provider yet, the information below may be helpful while you wait for your first visit. This is general information and does not take the place of medical advice from a doctor, nurse, dietitian, or behavioral medicine specialist.

Click on the question below to get more information.

- What is gestational diabetes?
- How is gestational diabetes found?
- How is gestational diabetes treated?
- What can happen to me and my baby if my blood sugar levels aren't under control?
- Where can I get help to control my blood sugar levels?

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**What is gestational diabetes?**

Gestational Diabetes (also known as GDM) is a type of diabetes that develops during pregnancy. Gestational means "in pregnancy". Diabetes means having more sugar (glucose) in your blood than your body needs or uses. For most women, it begins during the second trimester. About 7% to 14% of all pregnant women develop gestational diabetes. This number is higher among certain ethnic groups such as African American, Asian American, East Indian, Latina/Hispanic and Native American.

The difference between this type of diabetes and the type that exists before pregnancy is that gestational diabetes is not likely to cause birth defects.

If you have gestational diabetes, your blood sugar is elevated because of the foods that you eat and pregnancy hormones. Normally, the body changes food into glucose. Insulin, which is a hormone that the body produces, helps to turn glucose into energy. With diabetes, either the body does not make enough insulin or it is not able to use insulin appropriately. As a result, the blood sugar goes up too high.

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How is gestational diabetes found?

All pregnant women should be tested for GDM. This test is called a glucose challenge test. If the woman is at high risk for developing GDM, she should be tested during her first prenatal visit. Otherwise the screening test should be done around 24-28 weeks of pregnancy. There are no special preparations and you can even eat before this test is done.

You will be given a cold sweet drink. Then, in one hour, blood will be drawn from your arm. A test result of 140 or less is normal. This means you do not have gestational diabetes. If your test result is greater than 140, your screening test is positive. You might have GDM. You will need another type of test. This test is called a 3-hour glucose tolerance test or OGTT (oral glucose tolerance test).

How is gestational diabetes treated?

The treatment for gestational diabetes includes:

- choosing the right foods to eat
- gaining weight slowly
- exercising safely and regularly
- keeping your blood sugar levels normal
- testing and recording your blood sugar levels

A registered dietitian (RD) will help you create a meal plan that provides good nutrition and helps you control your blood sugar. The majority (80%) of women with gestational diabetes can control their blood sugar by diet alone. However, some need to take oral medication or inject insulin in order to keep their blood sugar within normal limits. It is important that you go to all of your doctor's visits. This is where you can ask questions and learn about GDM.

What can happen to me and my baby if my blood sugar levels aren't under control?

Blood sugar is used for energy by the body. Your body will only use what it needs. The blood sugar you do not use goes to your baby. If your baby gets too much sugar from you, the baby stores it as fat. This is why many women with gestational diabetes have very large babies. These babies are at risk for having a rapid drop in their blood sugar after birth. This is not healthy and these babies may need to go to a special care area.

Besides being hard to carry, large babies are more difficult to deliver. Sometimes there are birth injuries to both mom and baby. The baby's arm or shoulder could be broken during delivery. Nerve damage to the face and arms can also happen. If your baby is very large, you can have vaginal (birth canal) injuries. To avoid birth injuries, some women will need a cesarean section (sometimes called a c-section). A cesarean section means the baby is delivered by surgery.
Careful control of your blood sugar and weight gain during pregnancy can help you avoid the following complications for yourself:

- difficult delivery
- high blood pressure
- cesarean section (surgical delivery)

and for the baby:

- macrosomia (babies weighing more than 9 lb at birth)
- newborn hypoglycemia
- birth injury to the arm or shoulder
- jaundice
- respiratory problems
- premature birth (birth before 36 weeks)
- stillbirth (baby dies before birth), if blood sugars are frequently elevated

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Where can I get help to control my blood sugar levels?

To find a Sweet Success Program near you go to the California Department of Public Health Website: http://www.cdph.ca.gov/programs/cdapp/Pages/CDAPPCountyListings.aspx

You can also obtain some helpful materials at:
http://www.cdph.ca.gov/programs/cdapp/Pages/SweetSuccessMaterials.aspx

The following resources may also be helpful. Remember, this is general information and it does not replace seeing a health care professional.

- The "Dietary Recommendations" will give you guidelines for food choices and portions
- The "CDAPP Food Record Log" will provide a place for you to record what you eat and when you eat it
- "What are Sample Snacks" will give you ideas about nutritious snacks with similar caloric amounts
- "Eating Out Wisely" will provide healthy choices for eating out
- "Exercise in Pregnancy" will guide you activities

If you need a Sweet Success Provider go to the CDAPP Regional Affiliate Directory Listed by Counties on the website to find the one closest to you (click on the link below).
http://www.cdph.ca.gov/programs/cdapp/Pages/CDAPPListing.aspx