What is Gestational Diabetes?

Gestational diabetes occurs when your body isn’t producing enough insulin during pregnancy. Late in pregnancy, all women develop insulin resistance, a condition in which your body’s cells don’t use insulin well. When it occurs earlier, that leads to gestational diabetes, which 6% to 9% of women develop. But by managing it, you can have a healthier pregnancy and a healthier baby.

Who is likely to get gestational diabetes?

Any woman can develop gestational diabetes. But those with these risk factors are more likely to develop the disease:

- Being overweight or obese
- Inactivity
- An immediate family member with diabetes
- Previous diagnosis of gestational diabetes
- Polycystic ovary syndrome
- Previously delivering a baby weighing at least nine pounds
- American Indian, Asian American, Black, Hispanic or Pacific Islander women

How do I know if I have gestational diabetes?

You usually won’t have symptoms. Those you might have — being thirstier and urinating more frequently — tend to occur anyway when you’re pregnant.

How is gestational diabetes diagnosed?

The disease usually is diagnosed between weeks 24 and 26 of pregnancy, which is when your health care provider will test for it. But if you’re at risk for the disease, you may be tested earlier in your pregnancy.

Your health care provider may recommend one or both of two tests to detect gestational diabetes:

- Glucose challenge (or glucose screening): You drink a sweet liquid that contains glucose. After an hour, your blood is drawn and tested. If your level is 140 or higher, you’ll most likely need to return and take the next test.

- Oral glucose tolerance test (OGTT): Your health care provider may recommend without the glucose challenge. After fasting, your blood is drawn before you drink a sweet liquid. Every hour for two or three hours, your blood is drawn again. Higher glucose levels found during at least two of those blood draws indicate gestational diabetes.

How is gestational diabetes treated?

Often, it can be kept in check by following a healthy eating plan, which includes eating certain foods in certain amounts at certain times. Your health care provider can help you with this, as well as monitor your blood sugar level.

Regular moderate-intensity physical activity can lower your blood sugar and make you more sensitive to insulin so you don’t need as much. It also helps regulate cholesterol and blood pressure levels, improves your strength, helps keep your joints flexible and sleep better.

If your blood sugar level stays high, you may be put on insulin.

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How could gestational diabetes affect my baby?

Your baby may be born early, be overweight (which could make delivery difficult), have breathing difficulties, or have hypoglycemia (or low blood glucose) shortly after birth. Babies born to women with gestational diabetes are also more likely to be obese or to have Type 2 diabetes when they get older.

How could gestational diabetes affect me?

It can bring about pregnancy complications such as preeclampsia, increase your chances of having a C-section or miscarriage, lead to early delivery, and increase the likelihood you’ll develop diabetes later in life. Having high glucose levels long term can also lead to kidney disease, heart disease, diabetic retinopathy and nerve damage.

Does gestational diabetes go away, or will I have it even after giving birth?

Soon after delivery, the blood sugar level tends to return to normal on its own.

How can I prevent gestational diabetes?

The best way is by practicing good health habits. Eat a healthy diet, exercise at least 30 minutes a day and keep your weight under control.

**MY QUESTIONS:**

### QUESTIONS FOR YOUR DOCTOR OR NURSE?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

- Am I at risk for gestational diabetes?
- What is a good glucose level?

A healthy pregnancy is best for both mom and baby. We have a library of resources to help you stay safe and healthy before, during and after pregnancy. Visit goredforwomen.org/Pregnancy to learn more.

**HOW CAN I LEARN MORE?**

1. Call 1-800-AHA-USA1 (1-800-242-8721), or visit goredforwomen.org/Pregnancy to learn more about the connection between pregnancy and cardiovascular risk.

2. Connect with other moms who've been where you are and get the support you need by joining our Maternal Health Forum on the Support Network at goredforwomen.org/MaternalSupport.