

FAST FACTS ON GESTATIONAL DIABETES



Gestational Diabetes Mellitus (GDM) is high blood sugar (diabetes) that starts or is first diagnosed during pregnancy and affects 18% of pregnancies.



Symptoms of GDM may include:



Blurred vision



Fatigue



Frequent infections of the bladder, vagina and skin



Increased thirst



Increased urination



Nausea and vomiting



Weight loss in spite of increased appetite

Risk factors for developing GDM include:

- Obesity (>29 BMI)
- Older maternal age (>25 years)
- Family history of diabetes
- GDM or birth defect in previous pregnancies
- Previous birth of large baby (>8.5 lbs)
- Ethnicity: Hispanic, African American, Asian, Pacific Islander, Native American
- Previous stillbirth or spontaneous miscarriage

Women are generally tested between **24-28 weeks of pregnancy.**

Women who develop GDM are at risk for developing **type 2 diabetes and preeclampsia.**



2 out of 3 women

who develop GDM will develop type 2 diabetes.

If blood sugar control is not met, the baby is at risk for:

- Large birth weight
- Neural tube defects
- Neonatal hypoglycemia (low blood sugar)
- Shoulder dystocia (related to high birth weight--shoulders are too big when delivering)
- Birth trauma
- Increased risk for obesity and diabetes later in life

GDM can be controlled with diet, exercise and medication/insulin (if needed), allowing mother to have a **healthy pregnancy and delivery.**

6 weeks after delivery, women need to be given another oral glucose tolerance test by their physician to determine if blood sugars have normalized.