

Why Worry about Gestational Diabetes?

Even if you didn't have diabetes before getting pregnant, you may develop a condition called "gestational diabetes" during your pregnancy. This condition affects about four percent of all pregnant women or about 135,000 cases in the United States each year.

Gestational diabetes usually starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood or be changed to energy. As a result, glucose builds up in the blood to high levels – called hyperglycemia.

There are no known causes for gestational diabetes. However, it is suspected that insulin resistance can be a contributing factor. Your placenta supports your baby during growth and development, and hormones from the placenta help your baby develop. But these hormones can also block the normal action of your insulin in your body during pregnancy, resulting in the resistance and making it hard for the mother's body to use insulin.

Gestational diabetes usually affects the mother in late pregnancy (in the fifth or sixth month), after the baby's body has formed but is still busy growing. Untreated or poorly controlled gestational diabetes can hurt the baby. With the condition, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. The insulin does not cross the placenta to your baby, but glucose and other nutrients do. The result is high blood glucose levels in the baby, causing the baby's pancreas to make extra insulin to get rid of the glucose.

The result is a condition called macrosomia, or "fat" baby. Macrosomia develops because extra glucose and insulin cause your baby to make extra fat. This condition may cause your baby to face health problems of their own, including damage to their shoulders during birth. Newborns may also have very low blood glucose levels at birth and may also have a higher risk for breathing problems. Babies with excess insulin may develop into children who are risk for obesity and adults who are risk for type 2 diabetes.

Treatment

Gestational diabetes can potentially hurt you and your baby. Treatment must be started early and is usually geared toward keeping blood glucose levels equal to those of pregnant women who do not have the condition. Treatment includes special meal plans and scheduled physical activity. It may also include daily blood glucose testing and insulin injections. Your doctor should prepare a treatment strategy and it can be changed as needed.

Treatment for gestational diabetes also can help lower the risk of a cesarean section birth that very large babies may require. Sticking with your prescribed treatment may help give you a healthy pregnancy and birth and help your baby avoid future health problems.

Pregnant women should be screened for gestational diabetes between the 24th and 28th weeks – around the sixth month – if any of the following factors apply:

- You are 25 years of age or older;
- You are less than 25 years of age and obese;
- You have a family history of diabetes (parents or siblings); or
- You are a member of an ethnic/racial group at high risk for diabetes (Hispanic-American, Native American, Asian-American, African-American or Pacific Islander)

While gestational diabetes is a cause for concern, keep in mind that when it is treated early and properly you may still have a healthy pregnancy and a healthy start for your baby.

Call Spring-Klein OB/GYN at 281-440-1770 today to make an appointment to discuss gestational diabetes with a physician and to learn steps you can take to have a healthy pregnancy.