



OBSTETRICS & GYNECOLOGY SPECIALISTS, P.C.
2322 E. Kimberly Rd.
Davenport, IA 52807
Phone: 563-355-1853 Fax: 563-355-0327

GESTATIONAL DIABETES

During your pregnancy, you will be screened for a disease known as gestational diabetes. Gestational diabetes appears during pregnancy and disappears when the baby is born. It occurs in about ten percent of all pregnancies, making it the most common medical complication of pregnancy today. Commonly, the disorder doesn't appear until the last half of the pregnancy, when it can be discovered with simple testing in the doctor's office. Once identified, it is important for the health of the mother and the fetus to take measures to normalize the blood sugars. There are various ways of accomplishing this.

Diabetes is primarily an inability of the body to properly metabolize sugar, although the metabolism of fats and proteins is also altered. The human body requires insulin to use simple and complex sugars as energy sources, storing excesses in body cells for future use. High blood sugars may be due to a lack of insulin production by the pancreas, or an inability of the body cells to recognize and use existing insulin supply. If the body's metabolism of sugar is inappropriate, the excesses will also be transferred across the placenta to the fetus, of growing baby, and can adversely affect its development.

Because the baby does not have diabetes, he/she will attempt to lower his/her blood sugar by making extra insulin. This results in extra growth of the baby and can lead to large babies. Moreover, the extra insulin production by the baby does not stop immediately after birth. After birth, when there is no longer extra sugar from the mother, the newborn may suffer from a type of withdrawal and blood sugars that are too low. This is known as hypoglycemia, which if unnoticed, can cause severe problems for the baby. Hyperbilirubinemia (elevated blood bilirubin) is another problem common to newborns of diabetic mothers. At the extreme, the baby's environment in the uterus can be so hostile that death occurs before birth. Fetal demise can then occur in pregnancies where the diabetes is unrecognized or, if diagnosed, poorly controlled. The importance of screening for diabetes in pregnancy is clear.

Currently, it is recommended that all pregnant be screened for gestational diabetes between 24-28 weeks of gestation. In some instances, earlier screening may be recommended by the doctor. Screening is accomplished by checking the mother's blood sugar one hour after ingestion of fifty grams of oral glucose, which is provided by the office. You may drink the special orange drink at the office upon arrival for your appointment or at home prior to coming to the office. You are then to have your blood drawn in our office laboratory at exactly one hour following ingestion. Up to twenty percent of the patients initially screened will have an abnormal result. Since the test is designed to be fairly sensitive but not very specific, the majority of these patients probably do not have gestational diabetes. A more specific test (3-hour Glucose Tolerance Test-GTT) is then necessary to identify those patients from the initial positive screening group who do indeed have gestational diabetes. This test is performed at an independent laboratory. If that test is positive, management of gestational diabetes will be discussed with you, and treatment will be started.

The majority of gestational diabetes is found between 24-28 weeks of pregnancy. However, in some patients the problem may not surface until later. A negative 3 hour GTT does not guarantee absence of gestational diabetes. Re-screening all patients again would not be reasonable. However, if the initial one hour screen was abnormal and the first 3 hour GTT is normal, your doctor may recommend further screening at about 32 weeks gestation. This may also be recommended (even if the initial one-hour test was normal) for other risk factors, such as advanced maternal age, obesity, excessive amniotic fluid, or a large fetus.

This testing is designed to assure the safest pregnancy possible for both the mother and the developing fetus. If the test is abnormal, there is no cause for panic, but rather constructive efforts will be made to stabilize the situation and allow continuation of the pregnancy in a more controlled metabolic environment.

The majority of patients with gestational diabetes will resume normal sugar metabolism after pregnancy. However, a few do not, and further testing is recommended after postpartum convalescence to insure that there is no persistent problem. It is also important for women to realize that if gestational diabetes should occur in one pregnancy, there is a 90 percent chance it will recur in later pregnancies.

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