

Gestational diabetes is a condition that occurs in some women during pregnancy when their body is not able to produce enough insulin to control blood sugar (blood glucose levels). Insulin is the hormone the body produces which helps glucose move into the cells where it can be turned into energy.

During pregnancy, the cells of the body naturally become more resistant to insulin in order to make more nutrients available in your bloodstream to support your baby's growth. Your body then must make more insulin to keep your blood sugar normal, but in sometimes this increase is not enough. The result is gestational diabetes.

How gestational diabetes may affect your baby

It is important to follow your healthcare provider's recommendations to keep your blood sugar controlled and within the desired range through the remainder of your pregnancy. If not treated, certain risks to both you and your baby are increased. High blood pressure and preeclampsia are more common in women with gestational diabetes.

Your baby's growth may be more closely monitored during pregnancy to determine if your baby is becoming very large (called macrosomia) and increasing the chances of a cesarean birth. Babies of mothers with untreated or uncontrolled diabetes may experience problems with low blood sugar after delivery, breathing problems and increased incidence of jaundice.

Women diagnosed with gestational diabetes will be taught how to use a glucometer (device used to test blood sugar levels) and asked to keep track of their blood sugars. An appointment will be made with a dietician so that you can learn the best diet and exercise routine to keep your blood sugars within the normal range, and you may see a specialist (called an endocrinologist) to determine if your blood sugars can be controlled by diet and exercise alone or if you may need additional insulin during your pregnancy to help decrease risks to you and your baby.



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217.528.7541 • 800.444.7541

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Special testing

Your physician will likely order special testing and more frequent appointments in the latter part of your pregnancy to make sure both you and your baby are doing well. Two of these tests that may be performed in the office are called non-stress test (NST) and biophysical profile (BPP).

During a **non-stress test** two belts will be placed around your abdomen. Ultrasound devices monitor the baby's heartbeat and any uterine contractions you may have. You will be given a button to push when you feel the baby move. When the baby moves, the heart rate increases. This increase in the heart rate is a sign of your baby's good health.

A **biophysical profile** is a test performed by ultrasound. It assesses four areas: the baby's breathing movements, body movements, muscle tone, and the amount of amniotic fluid (referred to as the amniotic fluid index or AFI). Each area is given a score from 0 to 2. Sometimes these tests are done on the same day and the NST is given a score of 0 to 2 as well. When this is done, a score of 8 to 10 is considered normal and a sign of your baby's good health.

During your hospital stay when your baby is born, Your health care provider will determine how often your blood sugar is to be checked by the hospital staff during your labor. Your blood sugar level may be checked the morning after your baby is born to determine if you have any special needs during or immediately after delivery. Your baby's blood sugar levels will be checked for a period of time after being born as well. This will allow the hospital staff to make sure that your baby's blood sugar does not become dangerously low from producing too much insulin and that your baby's body is able to regulate blood sugar properly.

What happens with gestational diabetes after my baby is born?

For most women, gestational diabetes goes away after the baby is born. Some women diagnosed during pregnancy with gestational diabetes may have actually had mild diabetes before pregnancy that had not been diagnosed. For those women, the diabetes does not go away after pregnancy. Women diagnosed with gestational diabetes do have a higher risk of developing diabetes later in life or continuing to be insulin resistant. It is important to have the testing recommended by your health care provider following pregnancy to monitor for these conditions.



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