

GESTATIONAL DIABETES TESTING

Diabetes is one of the fastest growing health care problems in our country. **Twenty-seven million** people in the US have diabetes. **Seven million** people have UNdiagnosed diabetes and **79 million** people have prediabetes. It is accelerating in all age groups at an alarming rate.

In pregnancy as the baby grows and requires more energy for growth and development, the hormones of pregnancy cause a rise in the blood sugar levels. The placenta cannot transfer 100% of the sugar to the baby, so the mother's blood sugar levels must be a little higher to ensure that the baby gets an adequate supply. Sometimes this process doesn't function normally and blood sugar levels go too high for too long.

There are some women who are more likely to develop gestational diabetes than others:

- **obese women**
- + sugar in your urine
- **previous gestational diabetes**
- diagnosis of PCOS
- those who have had babies over 9 pounds
- **those who have a family history of diabetes**
- greater than 35 years old

Although testing only those with risk factors would miss many who actually have GDM. Certainly if you have any of these risk factors, it may be prudent to test.

The **problems** that could result from having uncontrolled gestational diabetes is: you may grow a bigger baby. This could lead to:

- difficulty birthing
- injury to baby
- baby with hypoglycemia
- baby has an increased risk of obesity and diabetes in its lifetime
- shoulder dystocia
- higher risk of lacerations
- inability to deliver vaginally (i.e. cesarean section)

Please note: Lots of women have big babies and do not have diabetes. Alternatively, lots of diabetic women do not have big babies.

The goal in early testing is to discover undiagnosed overt diabetes as early as possible to prevent anomalies, fetal and maternal morbidity and mortality. Gestational diabetes is treated by diet, exercise and sunshine with close monitoring of your blood sugar levels throughout the rest of the pregnancy. If you are able to maintain normal blood sugars with diet/exercise alone, then there is no reason to change your out-of-hospital birth plans. If you are not able to control them then you will need insulin and need to be under a physician's care.

Current recommendations are to screen every woman. The following options are:

Y N At first prenatal visit: fasting blood sugar (FBS) OR hemoglobin A1C (HgbA1C) OR random blood sugar If risk factors or slightly elevated result from first prenatal testing then: at 28 wks:

Y N Perform the 75 gm 2 hr glucose tolerance test. **OR**

Y N Three days of using a glucometer at home and testing your blood sugar 4 times a day while logging your diet.

My questions have been answered satisfaction and my choice is indicated above.

Signature of mother

Print name

Date