

Pregnancy: Gestational Diabetes



Gestational diabetes can develop during pregnancy. When you have this condition, insulin (a hormone in your body) is not able to keep your blood sugar in a normal range.

In most cases, gestational diabetes goes away after pregnancy. But you may be at risk of having it again in another pregnancy. You also are at risk of having type 2 diabetes later in life.

If you have gestational diabetes, you will need to make certain changes in the way you eat and how often you exercise to help keep your blood sugar level within a target range.

As you get farther along in your pregnancy, your body makes hormones that make it hard for insulin to work. This can make it harder and harder to control your blood sugar. If it is not possible to control your blood sugar with food and exercise, you may also need to take diabetes medicine or give yourself shots of insulin.

How can it affect your baby?

Most women with gestational diabetes give birth to healthy babies. But some babies may:

- Grow too large in the womb. Your blood sugar passes to your unborn baby. A baby that gets too much sugar can grow larger than normal. A large baby can be injured during vaginal birth and may need surgical delivery by C-section.
- Have problems after birth. Some babies have low blood sugar, low blood calcium levels, high bilirubin levels, too many red blood cells, or other problems that need treatment.

What should you do at home?

Here are some ways to care for yourself:

- If your doctor prescribes insulin, follow his or her directions. Your doctor will tell you how and when to take your insulin.
- Check your blood sugar. Your doctor will tell you how and when to check your blood sugar.
- Keep track of your baby's movements. Your doctor may ask you to report how many times in an hour you feel your baby move.
- Eat many types of foods. You may want to meet with a registered dietitian. He or she can teach you how to spread carbohydrates through the day. This may keep your blood sugar from going up quickly after meals. If you are taking insulin, you also can learn to match the amount of insulin you take at meals to the amount of carbohydrates you eat.
- In general, it is not a good idea to diet while you are pregnant. If you are overweight, your doctor may recommend that you eat less and gain less weight than other pregnant women.
- Get regular exercise. This can help lower your blood sugar. Walking and swimming are good choices. If you have never exercised regularly or were not active before you became pregnant, talk with your doctor first.

If you are able to keep your blood sugar level within a target range, your chances of having problems during pregnancy or birth are the same as if you didn't have gestational diabetes.

When should you call for help?

Call 911 if:

- You passed out (lost consciousness).
- You suddenly become very sleepy or confused.

Call your doctor if:

- You are sick and can't control your blood sugar.
- You have been vomiting or have had diarrhea for more than 6 hours.
- You have a blood sugar level that stays higher than the level the doctor has set for you, such as 300 mg/dL for two or more readings.
- You have blood sugar that stays lower than the level the doctor has set for you, such as 70 mg/dL for two or more readings.
- You have symptoms of low blood sugar, such as:
 - Sweating.
 - Feeling nervous, shaky, and weak.
 - Extreme hunger and slight nausea.
 - Dizziness and headache.
 - Blurred vision.
 - Confusion.