



Am I at risk for gestational diabetes?

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Eunice Kennedy Shriver National Institute
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What is gestational diabetes?

Gestational diabetes (pronounced jess-TAY-shun-ul die-uh-BEET-eez) is a type of high blood sugar that only pregnant women get. In fact, the word “gestational” means pregnant. If a woman gets high blood sugar when she’s pregnant, but she never had high blood sugar before, she has gestational diabetes.

Between 2 percent and 10 percent of U.S. pregnancies are affected by the condition every year,¹ making it one of the top health concerns related to pregnancy. If not treated, gestational diabetes can cause problems for mothers and babies, some of them serious.

But there is good news.

- **Most of the time, gestational diabetes goes away after the baby is born.** The changes in your body that cause gestational diabetes normally occur only when you are pregnant. After the baby is born, your body goes back to normal and the condition goes away.
- **Gestational diabetes is treatable, and the best outcomes result from careful management and control of blood sugar levels.** The best way to control gestational diabetes is to find out you have it early and start treatment quickly.
- **Treating gestational diabetes—even if you don’t have any symptoms or your symptoms are mild—greatly reduces health problems for mother and baby.**

Why do some women get gestational diabetes?

Usually, the body breaks down much of the food you eat into a type of sugar, called **glucose** (pronounced GLOO-kos). Because glucose moves from the stomach into the blood, some people use the term “**blood sugar**” instead of “glucose.” Your body makes a hormone called insulin (pronounced IN-suh-lin) that moves glucose out of the blood and into the cells of the body. In women with gestational diabetes, the glucose can’t get into the cells, so the amount of glucose in the blood gets higher and higher. This is called **high blood sugar** or **diabetes**.



Am I at risk for gestational diabetes?

Answer the questions below to learn your risk for gestational diabetes.

YES/NO

<input type="checkbox"/>	Are you overweight or very overweight?
<input type="checkbox"/>	Are you related to anyone who has diabetes now or had diabetes in his or her lifetime?
<input type="checkbox"/>	Are you Hispanic/Latina, African American, American Indian, Alaska Native, Asian American, or Pacific Islander?
<input type="checkbox"/>	Are you older than 25?
<input type="checkbox"/>	In a previous pregnancy, did you have any of the following? <ul style="list-style-type: none">• Gestational diabetes• Stillbirth or miscarriage• Large baby (weighing more than 9 pounds)
<input type="checkbox"/>	Do you have polycystic ovary syndrome (PCOS) or another health condition linked to problems with insulin?
<input type="checkbox"/>	Have you ever had problems with insulin or blood sugar, such as insulin resistance, glucose intolerance, or “prediabetes”?
<input type="checkbox"/>	Do you have high blood pressure, high cholesterol, and/or heart disease?
<input type="checkbox"/>	Total YES answers

Should I get tested for gestational diabetes?

Talk to your health care provider about gestational diabetes and your risk level.

<i>Total YES answers:</i>	<i>Your risk level is:</i>	<i>Your health care provider:</i>
2 or more	High	Will test you as soon as you know you are pregnant. If your first test is negative, will test you again when you are between 24 weeks and 28 weeks pregnant.
1	Average	Will test you when you are between 24 weeks and 28 weeks pregnant.
0	Low	May not test you at all, or will test you when you are between 24 weeks and 28 weeks pregnant.

Every pregnancy is different. If you didn't have gestational diabetes when you were pregnant before, you might have it with this pregnancy. Or if you had gestational diabetes before, you might not have it with this pregnancy.







How will I know if I have gestational diabetes?

Based on your risk level and other factors, your health care provider first will give you a **glucose screening test** (also called a 1-hour post gluco [PG] test or a glucose challenge test). For this test, you will drink a sugar liquid and then have a blood test an hour later. (In most cases, the test uses only a few drops of blood and is usually not painful.) If your blood sugar level is normal after an hour, you probably don't have gestational diabetes. If you are tested early in pregnancy, your health care provider is likely to screen you again when you are between 24 weeks and 28 weeks pregnant.

If your blood sugar level is high after an hour, your health care provider will give you an **oral glucose tolerance test (OGTT)** to determine if you have gestational diabetes or another problem.

For the OGTT, you will need to fast (not eat or drink anything but water) for 8 to 12 hours before the test. When you arrive, you'll have a blood test to measure your blood sugar level, and then you'll drink a sugar liquid. Your blood will be tested after 1 hour, 2 hours, and 3 hours. (In most cases, the test uses only a few drops of blood and is usually not painful.)

If your blood sugar is high for one of these measurements, you probably don't have gestational diabetes, but your body might be having trouble keeping blood sugar levels balanced. Your health care provider will suggest ways to help keep your levels balanced, such as making changes in what you eat.

If your blood sugar is high for two or more of these measurements, then you have gestational diabetes. Your health care provider will work with you to create a treatment plan that meets your needs and health history.



What does gestational diabetes mean for me?

During Pregnancy

Most women with gestational diabetes have healthy pregnancies and healthy babies because they control their blood sugar levels. Women with gestational diabetes are at higher risk for possible problems, including high blood pressure; preeclampsia (a sudden, dangerous increase in blood pressure); pregnancy loss during the last 4 weeks to 8 weeks; early/preterm labor and delivery; and surgery to deliver the baby (cesarean section, or C-section) and its related risks (such as infection).

Keeping blood sugar levels under control and following the treatment plan outlined by your health care provider are the best ways to improve pregnancy outcomes for women with gestational diabetes.

After Pregnancy

Women who have had gestational diabetes are at greater risk for developing type 2 diabetes during their lifetime. If you had gestational diabetes, your health care provider will test you for diabetes 6 weeks after you give birth to measure your blood sugar level.² If the first test is negative, your health care provider will test you every year for diabetes.

Eating a healthy diet, getting regular physical activity, maintaining a healthy weight, and taking certain medications can help prevent and control type 2 diabetes.



What does gestational diabetes mean for my baby?

During and Right After Birth

Most women with gestational diabetes have healthy pregnancies and healthy babies because they control their blood sugar levels. Babies whose mothers had gestational diabetes are at higher risk for certain health problems, including being large bodied, which can cause problems and injuries during delivery; low blood sugar at birth; early/preterm birth; jaundice (yellowish color of the skin and white parts of the eye); breathing problems; and low levels of certain minerals in the blood.

Keeping blood sugar levels under control is the best way to improve outcomes for babies whose mothers have gestational diabetes.

Later in Life

Babies whose mothers had gestational diabetes are at higher risk for certain health problems as they get older. Some of these problems include overweight and obesity; problems with glucose and/or insulin, such as glucose intolerance and insulin resistance; and type 2 diabetes.

Eating a healthy diet, getting regular physical activity, maintaining a healthy weight, and taking certain medications can help prevent and control type 2 diabetes.



What should I do if I have gestational diabetes?

If you have gestational diabetes, your health care provider will work with you to create a **treatment plan** that will help keep the condition under control throughout your pregnancy. Most treatment plans include keeping your blood sugar levels within the normal range, eating a healthy diet as outlined by a health care provider, doing regular physical activity, and maintaining a healthy weight. Some women also need to take insulin as part of their treatment plan.

More and more women with gestational diabetes have healthy pregnancies and healthy babies because they follow their treatment plans and control their blood sugar levels.

Managing Gestational Diabetes: A Patient's Guide to a Healthy Pregnancy, a booklet from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), explains general ways to stay healthy with gestational diabetes. The booklet combines findings from more than 50 years of scientific research on the health of mothers, children, and families. It describes the causes of gestational diabetes, treatments for gestational diabetes, and how to get the best outcomes for you and your baby despite gestational diabetes.



To get your free copy of ***Managing Gestational Diabetes: A Patient's Guide to a Healthy Pregnancy***, contact the NICHD Information Resource Center.

Phone: 1-800-370-2943 (TTY: 1-888-320-6942)

E-mail: NICHDInformationResourceCenter@mail.nih.gov

Internet: <http://www.nichd.nih.gov/publications/pubs.cfm>

Mail: P.O. Box 3006, Rockville, MD 20847

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