



Managing Gestational Diabetes

A PATIENT'S
GUIDE TO A
HEALTHY
PREGNANCY



U.S. Department of Health and Human Services
National Institutes of Health
National Institute of Child Health and Human Development

Dear Patient,

The feelings that surround pregnancy—excitement, anxiety, and hope—often give way to many questions. Will my child’s eyes be blue or brown? When will I have my baby? How big will my baby be? What does the future hold for my family?

Finding out that you have a “condition,” even a manageable one, can raise a different set of questions. Will my baby be healthy? Will the condition affect my ability to have other children? What can I do to ensure my own health and the health of my baby?

For the last 40 years, the National Institute of Child Health and Human Development (NICHD) has been working to answer these types of questions through research and clinical practice to improve the health of mothers, children, and families.

Managing Gestational Diabetes: A Patient’s Guide to a Healthy Pregnancy provides some general guidelines for keeping yourself healthy and for promoting the best outcomes for your baby, if you have gestational diabetes. The booklet describes gestational diabetes, its causes, and its features and includes a general treatment plan to help control the condition.

Using this information, you and your family can make informed decisions about your care. You will also be better able to work with your health care provider to develop a treatment plan that addresses your specific needs and situation, to ensure that you and your baby are healthy.

I hope this booklet helps you meet the challenges of gestational diabetes that you will face over the next few months, and that you will enjoy the new addition to your family when he or she arrives.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Duane Alexander".

Duane Alexander, M.D.

Director, NICHD

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A Patient's Guide to a Healthy Pregnancy

Gestational diabetes (pronounced jess-TAY-shun-ul die-uh-BEET-eez) is one of the most common health problems for pregnant women. It affects about 5 percent¹ of all pregnancies, which means there are about 200,000 cases each year. If not treated, gestational diabetes can cause health problems for mother and fetus.

The good news is that gestational diabetes can be treated, especially if it's found early in the pregnancy. There are some things that women with gestational diabetes can do to keep themselves well and their pregnancies healthy. Controlling gestational diabetes is the key to a healthy pregnancy.

This booklet gives patients, women who have been diagnosed with this condition, the information they need to talk to health care providers, dietitians, and family members and friends about gestational diabetes.



What is gestational diabetes?

Gestational Diabetes is a kind of diabetes that only pregnant women get. In fact, the word **gestational** means “during pregnancy.” If a woman gets diabetes or high blood sugar when she is pregnant, but she never had it before, then she has gestational diabetes. Its medical name is *gestational diabetes mellitus* (pronounced MELL-eh-tiss) or GDM. To learn what gestational diabetes is, you need to know a few things about diabetes in general.

What is diabetes?

Diabetes means your blood sugar is too high. Diabetes is a disease of **metabolism**, which is the way your body uses food for energy and growth. Your stomach and intestines break down (or digest) much of the food you eat into a simple sugar called **glucose** (pronounced GLOO-kos). Glucose is your body’s main source of energy.



After digestion, the glucose passes into your bloodstream, which is why glucose is also called **blood sugar**. This booklet uses the terms glucose and blood sugar to mean the same thing. Once in the blood, the glucose is ready for your body cells to use. But your cells need **insulin** (pronounced IN-suh-lin), a hormone made by your body, to get the glucose. Insulin “opens” your cells so that glucose can get in. When your metabolism is normal, your body makes enough insulin to move all the glucose smoothly from your bloodstream into your cells.

If you have diabetes, your insulin and glucose levels are out-of-balance. Either your body doesn’t make enough insulin, or your cells can’t use insulin the way they should. Without insulin, the glucose that can’t get into your cells builds up in your bloodstream. This is called **high blood sugar** or **diabetes**. After a while, there is so much glucose in the blood that it spills over into your urine and passes out of your body. The medical name for diabetes, *diabetes mellitus*, means “sweet urine.”

If not treated, gestational diabetes can lead to health problems, some of them serious. The best way to promote a healthy pregnancy if you have gestational diabetes is to follow the treatment plan outlined by your health care provider.

Why didn’t I have diabetes before?

Remember that only pregnant women get gestational diabetes. When you’re pregnant, your body goes through a lot of changes. In this case, being pregnant changed your metabolism. Now that you’re pregnant, the insulin in your body can’t do its job. Your body can’t get the sugar out of your blood and into your cells to use for energy.

Why isn’t the insulin doing its job?

The placenta, a system of vessels that passes nutrients, blood, and water from mother to fetus, makes certain hormones that prevent insulin from working the way it is supposed to. This situation is called **insulin resistance**. To keep your metabolism normal, your body has to make *three times* its normal amount of insulin or more to overcome the hormones made by the placenta.

For most women, the body's extra insulin is enough to keep their blood sugar levels in the healthy range. But, for about 5 percent of pregnant women, even the extra insulin isn't enough to keep their blood sugar level normal. At about the 20th to the 24th week of pregnancy, they end up with high blood sugar or gestational diabetes.

It takes time for insulin resistance to affect your body in a way that health care providers can measure, which is why tests for gestational diabetes are usually done between the 24th and 28th week of pregnancy.

Who can I go to for help with gestational diabetes?

Women who have gestational diabetes benefit most from a team approach, with each member playing a specific role in the management and treatment of the condition. However, the specific members of the team will vary.

In general, women have a number of choices in how they get prenatal care. They might go to an **obstetrician/gynecologist (OB/GYN)**, a **nurse-midwife**, a **family physician**, or another health care provider. These health care providers are usually the first line of defense against gestational diabetes because they do the initial testing for the condition.

Once you are diagnosed with gestational diabetes, these providers may decide to stay on your team, working with other providers to manage your care, or they may suggest that one of the following specialists leads your team:

- A maternal-fetal medicine specialist—a doctor who cares for a woman during pregnancy, labor, and delivery only; or
- Another doctor who specializes in treating pregnant women with high-risk conditions.

Should you need more extensive treatment and management to keep your gestational diabetes under control, it is likely that you will have to see one of these specialists to help ensure a healthy pregnancy.

You should also have a **registered dietitian**, a person with a bachelor's degree or higher in dietetics, who is registered with the American Dietetic Association (ADA), on your team. Your health care provider can recommend a dietitian, or you can call the ADA at 1-800-366-1655 to find one.

In addition, you may have one or both of the following providers on your team:

- **A diabetes specialist**—a diabetologist (a doctor who specializes in diabetes care), endocrinologist (a doctor who specializes in treating hormone-related conditions, like diabetes), or another medical doctor who provides health services specifically for diabetics.
- **A diabetes educator**—a certified diabetes educator (CDE), nurse educator, registered nurse (RN), or another health care provider who can explain gestational diabetes and help you manage your condition during your pregnancy.

Keep in mind that your treatment and management team may include other members, too. This booklet uses the term *health care provider* to describe your doctor and the other members of your health care team.