

Will gestational diabetes hurt my baby?

Most women who have gestational diabetes give birth to healthy babies, especially when they keep their blood sugar under control, eat a healthy diet, get regular, moderate physical activity, and maintain a healthy weight. In some cases, though, the condition can affect the pregnancy.

Keeping glucose levels under control may prevent certain problems related to gestational diabetes.

Below are some conditions that can result from your having gestational diabetes. Keep in mind that just because you have gestational diabetes does **not** mean that these problems will occur.

- **Macrosomia** (pronounced mak-row-SOHM-ee-uh)—Baby's body is larger than normal. Large-bodied babies sometimes get injured by natural delivery through the vagina; the baby may need to be delivered through cesarean section. The most common complication for these babies is *shoulder dystocia* (pronounced dis-TOE-shee-uh).
- **Hypoglycemia** (pronounced high-po-gl-eye-SEEM-ee-uh)—Baby's blood sugar is too low. You may need to start breastfeeding right away to get more glucose into the baby's system. If it's not possible for you to start feedings, the baby may need to get glucose through a thin, plastic tube in his or her arm that puts glucose directly into the blood.
- **Jaundice** (pronounced JAWN-diss)—Baby's skin turns yellowish; white parts of the eyes may also change color slightly. If treated, jaundice is not a serious problem for the baby.
- **Respiratory Distress Syndrome (RDS)**—Baby has trouble breathing. The baby might need oxygen or other help breathing if he or she has RDS.
- **Low Calcium and Magnesium Levels in the Baby's Blood**—Baby could develop a condition that causes spasms in the hands and feet, or twitching or cramping muscles. This condition can be treated with calcium and magnesium supplements.

Could gestational diabetes hurt my baby in other ways?

Gestational diabetes usually does not cause birth defects or deformities. Most developmental or physical defects happen during the first trimester of pregnancy, between the 1st and 8th week. Gestational diabetes typically develops around or after the 24th week of pregnancy. Women with gestational diabetes usually have normal blood sugar levels during the first trimester, which allows the body and body systems of the fetus to develop normally.

The fact that you have gestational diabetes will not cause diabetes in your baby. But, your child is at higher risk for developing type 2 diabetes later in life. As your child grows, things like eating a healthy diet, maintaining a healthy weight, and getting regular, moderate physical activity may help to reduce that risk.

If your baby was macrosomic, or large-bodied at birth, then he or she is at higher risk for childhood and adult obesity (being extremely overweight). Large-bodied babies are also at greater risk for getting type 2 diabetes and often get it at an earlier age (younger than 30).



Will gestational diabetes affect my labor or delivery?

Most women with gestational diabetes can make it to their due dates safely and begin labor naturally. In some cases, though, gestational diabetes could change the way you feel or how your baby is delivered. Again, keep in mind that just because you have gestational diabetes does not mean that you will have any change in delivery. **Talk to your health care provider about ANY concerns you have about labor or delivery.**

If you have gestational diabetes, there are some things you should keep in mind about delivery:

- **Blood Sugar and Insulin Balance**—Keeping your blood sugar level under control during labor and delivery is vital to your own health and to your baby's health. If you do not take insulin during your pregnancy, you probably won't need it during labor or delivery. If you do take insulin during your pregnancy, you may receive an insulin shot when labor begins, or you may get insulin through a thin, plastic tube in your arm that goes into your bloodstream during labor.
- **Early Delivery**—Gestational diabetes puts women at higher risk than women without the condition for developing *preeclampsia* (pronounced pree-ee-KLAMP-see-uh), late in their pregnancies. Preeclampsia is a condition related to a sudden blood pressure increase; it can be a serious. (For more information on preeclampsia, go to the *Your health care provider might also tell you to: Have your blood pressure checked as indicated* section of this booklet.) The only way to cure preeclampsia is to deliver the baby; but delivery may not be the best option for your health or for the health of the baby. Your health care provider will keep you under close watch, possibly at the hospital, and will run multiple tests to determine whether early delivery is safe and needed. Your health care provider will give you more information about early delivery, should it be necessary.
- **Cesarean Delivery**—This is a type of surgery used to deliver the baby, instead of natural delivery through the vagina. Cesarean delivery is also called a cesarean section, or "C" section. Simply having gestational diabetes is not a reason to have a C section, but your health care provider may have other reasons for choosing a cesarean delivery, such as changes in your health or your baby's health during labor.

Will I have diabetes after I have my baby?

Once you have the baby, your body should be able to use its insulin more effectively. Shortly after the baby is born, the placenta is “delivered.” (This is sometimes called the afterbirth.) Because the placenta causes insulin resistance, when it’s gone, gestational diabetes usually goes away, too.

If you have gestational diabetes, **you are at higher-than-normal risk for developing type 2 diabetes later in your life.** Type 2 diabetes, like gestational diabetes, occurs when the body doesn’t use its insulin properly. Keeping your weight within a healthy range and keeping up regular, moderate physical activity after your baby is born can help lower your risk for type 2 diabetes. Following a healthy diet and physical activity program, maintaining a healthy weight, or taking certain medicines can help people control type 2 diabetes.

