

### **What is gestational diabetes?**

Every pregnant woman's body changes how insulin is utilized to metabolize glucose (sugars), in order to make glucose available to her growing baby. For some pregnant women, this normal change is exaggerated and results in a significantly higher amount of glucose circulating in the bloodstream, therefore available to the baby. Gestational diabetes is the term given in this situation. This type of diabetes occurs only during pregnancy and goes away after the birth, which is different than Type I or Type II diabetes. Using current testing criteria, about 18% of women will be diagnosed with Gestational Diabetes in pregnancy.

Gestational diabetes testing is routinely done in pregnancy, although it is a controversial topic as some dispute whether screening and treatment make any significant difference in the health of mother or baby. However, until evidence proves whether or not screening and treatment are beneficial, it is recommended to offer testing to all pregnant women.

### **What are the risks of Gestational Diabetes?**

Mothers with gestational diabetes are at increased risk of developing Type II diabetes later in life, as well as at increased risk of developing high blood pressure in pregnancy.

Babies of gestationally diabetic mothers are at risk of growing larger than average because more sugar passes to the baby. These babies may have a more difficult delivery, increased chance of cesarean section, and very rarely stillbirth in an undiagnosed or untreated mother with gestational diabetes or undiagnosed pre-existing diabetes.

After birth, a baby who is used to high levels of sugar can develop low blood sugar which can cause temperature instability, trouble breathing, and rarely seizures. This baby will require close monitoring of their blood sugar in the first few hours of life. Frequent and early feeding soon after birth helps these babies stabilize their blood sugar. Babies of gestationally diabetic mothers are not shown to have life long effects related to the condition in pregnancy.

### **Am I at risk for developing gestational diabetes?**

There is evidence to show that only testing women with risk factors (compared to screening all pregnant women) may result in the same number of diagnoses of gestational diabetes while reducing the number of screening tests overall. While testing is recommended for all women, those with risk factors are thought to be at higher risk of developing gestational diabetes:

- Family history of diabetes in a close relative (parent, sibling, grandparent)
- Obesity prior to pregnancy (BMI >25)
- History of gestational diabetes in a previous pregnancy
- History of adverse pregnancy outcomes associated with GDM (stillbirth, previous baby over 4 kg)
- Age over 25 (or age over 30 without other risk factors)

### **What is the 2 Hour Glucose Tolerance Test?**

The Glucose Tolerance Test is the community standard for diagnosing gestational diabetes. It is offered to you at 24-28 weeks gestation. It is designed to challenge your body with a high volume of glucose after fasting to see how your body responds. The test requires three blood draws, the first after fasting for 12 hours (overnight), then two more at hourly intervals after drinking a 75g glucose drink. If any of these glucose levels are higher than expected, then the test is positive for gestational diabetes.

Pregnant women may choose to do the optional 1-hour screening test first if they do not want to do the 2-hour diagnostic test. However, women with specific risk factors who choose to test for gestational diabetes are recommended to do the 2-hour diagnostic test.

### What is the 1 hour screening test?

This screening test is offered to you at 24-28 weeks of pregnancy as well. To take this test you will drink a 50g load of glucose. One hour after drinking it your blood will be drawn to measure the amount of glucose in your blood. Some women who take the screening test get abnormal (high) results, and will need to then complete the 2-hour diagnostic test to be sure if they have gestational diabetes.

### What is a random blood glucose test?

This test measures blood glucose levels regardless of when you last ate, without any special preparation. Abnormal results will be followed by the 2-hour diagnostic test. Random testing is generally only used for those women who are declining the 1-hour or 2-hour tests. While it may be useful in highlighting significant blood glucose problems, it will miss women who in fact have a problem with blood sugars in pregnancy.

### How is gestational diabetes treated?

Women diagnosed with gestational diabetes will attend the Diabetes in Pregnancy Clinic and be seen by a diabetes specialist to monitor blood sugar levels and provide diet modification and exercise guidelines. They will be taught to test their blood sugar on a regular basis. Most women are able to successfully control their blood sugar and are able to remain in midwifery care. However, for those few who require insulin to control blood sugar levels, care may need to be shared with an obstetrician for more specialized follow-up. All gestationally diabetic mothers will be re-tested 6 weeks after delivery to detect any ongoing (pre-existing) diabetes.

### How can I prevent gestational diabetes?

Good nutrition and exercise! Eat a variety of foods, including fresh fruits and vegetables, whole grains, proteins and dairy. Carbohydrates such as potatoes, rice and pasta should make up no more than 1/3 of each meal. Eat 3 small meals and 3 snacks daily, instead of three large meals. Drink plenty of water and other fluids each day, at least 8 glasses. Avoid extra sugars like soda, juice and sweet treats. Enjoy moderate exercise three times per week, and get additional exercise whenever you can. A short period of light activity immediately after eating a meal will increase your metabolism and help stabilize blood glucose levels.

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## INFORMED CONSENT / REFUSAL

### I have read and understand the above information and have had my questions answered.

- I would like to be tested for gestational diabetes with the 2-hour diagnostic test.
- I would like to be tested for gestational diabetes with the 1-hour screen, and if positive, the 2-hour diagnostic test.
- I decline both Glucose Tolerance Tests. Instead I would like to take a random blood glucose test, and if this test is high I will do the 2-hour diagnostic test.
- I decline all testing options for gestational diabetes.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Midwife's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### References:

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