



WOMEN'S HEALTH CARE GROUP OF PA
Main Line Perinatal Associates Division

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GESTATIONAL DIABETES FACT SHEET

Gestational diabetes occurs in 3-5% of pregnancies. Gestational diabetes occurs only during pregnancy, because pregnancy hormones can cause insulin resistance. This results in maternal blood sugar elevations, especially after meals. As a result, fetal blood sugars are elevated as well.

If gestational diabetes is not identified and treated, there is a risk that the fetus will grow excessively large. This may lead to a difficult delivery or even require a Cesarean delivery. In the nursery, these babies may have low blood sugars in the first hours after birth.

For most pregnancies, diabetes screening occurs between 24-28 weeks. The screening consists of a 50-gram oral 1-hour glucose challenge test. On the day of the test, you will be asked to drink a sugar-containing drink. One hour later, you will have your blood sugar tested. In addition, your CBC (blood count) will be tested.

A result of 130mg/dL suggests a higher risk for gestational diabetes. This alone does not mean you have gestational diabetes. You will then schedule a 3-hour oral glucose tolerance test. You must fast overnight before the test and this test requires an appointment at the lab. You will again drink a sugar-containing drink, but you will have your blood sugar tested 4 times over a 3 hour period. If two or more values are abnormal, you have gestational diabetes.

If you are diagnosed with gestational diabetes, you will be placed on a diabetic diet and your blood sugars will be monitored closely. Most patients will respond to the diet well. In a minority of patients, dietary changes are not enough to normalize blood sugars. These patients are usually placed on medication to control their blood sugars. We often start fetal monitoring (non-stress tests) when medication is begun.