

Gestational Diabetes Testing Informed Choice

Please read the following information and discuss any questions that you have with your midwife before signing below.

Gestational diabetes occurs when a woman develops abnormally high blood sugar levels during her pregnancy. In most women, the diabetic symptoms disappear after the baby is born. Approximately 50% of women who are diagnosed as having gestational diabetes go on to develop Type II Diabetes later in life. In the U.S., about 4% of pregnant women develop gestational diabetes.

Who is at risk for developing gestational diabetes?

The American Diabetes Association recommends testing for gestational diabetes if:

- you are 25 years of age or older
- you are a large-bodied woman
- you have family history of diabetes in first-degree relatives (your parents or siblings)
- you have had an unexplained stillborn baby
- you have a prior history of gestational diabetes
- you belong to an ethnic/racial group with a higher prevalence of diabetes (i.e., Hispanic-American, Native American, Asian-American, African-American, or Pacific Islander)
- you are a smoker

In our practice, we have found that women who eat healthy diets and exercise regularly have a lower chance of developing gestational diabetes. However, we may recommend testing if you have the following symptoms:

- Recurring yeast infections or urinary tract infections
- Previous large baby
- Fruity smelling breath
- Glucose in the urine
- History of infertility, multiple miscarriages or unexplained stillbirth
- Large amount of amniotic fluid.

How does gestational diabetes affect pregnancy and birth? If gestational diabetes is detected, it is usually easy to treat through exercise and diet modification. If you test positive for gestational diabetes, we will give you nutritional counseling and teach you how to monitor your blood sugar so that you have the best chance of having a healthy pregnancy.

If gestational diabetes is not detected or is uncontrolled, it can cause some problems for mother and baby. The most common problem is a large birth weight baby, which may cause a more difficult birth including possible trauma to the baby or a C-section. Sometimes babies born to gestationally diabetic mothers also have trouble regulating their blood sugar, which can mean that they have to be seen by a doctor soon after birth. Uncontrolled gestational diabetes can also cause a greater chance of developing pre-eclampsia, a greater risk of stillbirth and an increased chance of having a postpartum hemorrhage.

How do you test for gestational diabetes?

It is the standard of care in the community to offer gestational diabetes screening to women who are 26-28 weeks pregnant. The Glucose Challenge Test (GTT), which is the diagnostic test, involves fasting overnight followed by a blood draw then drinking 75 grams of glucose (“glucola”) and having your blood glucose levels measured at one and two hours after consumption.