

Client Handout:

Gestational Diabetes



Pineapple Babies Birth Services

Gestational diabetes mellitus (GDM) or Gestational Diabetes is one of the most common complications of pregnancy occurring in 2-7% of all pregnancies. It is important that all women be offered testing for gestational diabetes between 24 and 28 weeks to ensure that a treatment plan can be put in place and managed in enough time to have a positive affect on the mother and fetus. Many women won't experience any signs of GDM prior to diagnosis. Women who do experience symptoms complain of things like excessive thirst, frequent urination, fatigue, nausea, and blurred vision. These are also very common in uncomplicated pregnancies making symptoms a poor way to determine a problem or need for testing. Risk factors include: age (greater than 25 years), BMI of 30 or more, non-white race, family history of diabetes, previous GDM or having had a previous macrosomic (4000g or greater) infant, and age equal to or less than 11 years of age at menarche (Chen, Li, He, Zhu, Buck Louis, Yeung, Hu, & Shang, 2016). Many of these things are common among pregnant women also. For this reason, it is recommended that every pregnancy person should be offered and should consider testing for this complication.



Photo Credit: http://www.onlyimaginephotography.com/blog/wp-content/uploads/2012/07/morales_72261.jpg

We all love fat, healthy babies but babies of mother's with Gestational Diabetes Mellitus have other risk factors to consider before deciding whether to test or not and whether to treat a diagnosed condition. Those risk factors include short-term and long-term autonomic nervous system damage, short-term and long-term central nervous system damage, low blood sugar at birth or shortly after resulting in seizures if unmanaged, greater risks for obesity, diabetes and metabolic syndromes later in life. These are some serious effects that have life long implications.

Testing Options

- Medical Standard of Care – Glucola or a 50 gram sugar substituted followed by a blood draw 60 minutes later.
- First-morning after overnight fast with no dietary adjustments finger prick
- 2 hours postprandial - 3 days of carb loading of 150 grams daily (no sugar or white flour), fast 8-12 hours (overnight), finger prick, eat a normal breakfast, exercise or walk for 45 minutes, obtain a second sample by finger prick at 2 hours after the first
- 2 weeks of first-morning after overnight fast with no dietary adjustments finger prick

What You Can Do

Some of the risks associated with delivering a large baby are a large baby, shoulder dystocia, or a surgical delivery due to complications of a large baby. By exercising daily, eating a diet low in sugar and carbohydrates you can ensure you are making good choices to facilitate a healthy pregnancy and a healthy baby. The earlier you begin watching your diet and exercising the better the outcome, even if you don't develop Gestational Diabetes.

If you aim for 80-100 grams of protein daily, lots of vegetables, a little fruit, half of your body weight in ounces of water (more with exercise), and at least 1 hour of intentional exercise daily you are already making many of the changes to ensure the best possible outcome for you and your baby.



Some things to be Aware of...

- A study done by Fehlert, Willman, Fritsche, Linder, Mat-Husin, Schleger, Weiss, Kiefer-Schmidt, Brucker, Haring, Preissl, & Fritsche in 2016 found that large glycemic loads, such as what is produced with Glucola or the 50 gram sugar load, can cause disruptions in the central and autonomic nervous systems.
- Anne Frye states that a concentrated refined sugar load can cause a physiological reaction, which can mimic diabetes in a healthy mother.
- How you test can be just as important as being tested. Great care should be taken to choose the right testing method for you.

References

- Chen, L., Li, S., He, C., Zhu, Y., Louis, G. M. B., Yeung, E., ... & Zhang, C. (2016). Age at menarche and risk of gestational diabetes mellitus: a prospective cohort study among 27,482 women. *Diabetes care*, 39(3), 469-471.
- Farrar, D., Simmonds, M., Bryant, M., Lawlor, D. A., Dunne, F., & Tuffnell, D. (2017). Risk factor screening to identify women requiring oral glucose tolerance testing to diagnose gestational diabetes: A systematic review and meta-analysis and analysis of two pregnancy cohorts. *PLoS ONE*, 12(4), e0175288.
- Frye, A. (2006). *Holistic Midwifery: A Comprehensive Textbook for Midwives in Homebirth Practice: Caring During Pregnancy*.
- Han, E. S., Krauss, R. M., Xu, F., Sridhar, S. B., Ferrara, A., Quesenberry, C. P., & Hedderson, M. M. (2016). Prepregnancy adverse lipid profile and subsequent risk of gestational diabetes. *The Journal of Clinical Endocrinology & Metabolism*, 101(7), 2721-2727.
- King, T. L., Brucker, M. C., Fahey, J., Kriebs, J. M., Gegor, C. L., & Varney, H. (2015). *Varney's midwifery* (5th ed.). Jones & Bartlett Learning.
- Koivusalo, C. O. (2016). Gestational Diabetes Mellitus Can Be Prevented by Lifestyle Intervention: The Finnish Gestational Diabetes Prevention Study (RADIEL): A Randomized Controlled Trial. *Diabetes Care* 2016; 39: 24–30. *Trial*, 39, 24-30.