

Understanding GESTATIONAL DIABETES

Reduce the risk to you and baby with good habits and health care

Amy Lautenbach, 36, was surprised when she tested positive for gestational diabetes during her first pregnancy, because her only risk factor for the disease was her age. "I'm a marathon runner and my diet is very healthy," says the mom from Woodbury, MN. "Emotionally you feel a little disappointed in yourself, like, 'Why me?'"

Like other forms of diabetes, gestational diabetes manifests when the body's insulin levels no longer efficiently metabolize blood sugar, or glucose. But pregnancy itself triggers this form of the disease, which tends to disappear after the baby's birth.

WHAT HAPPENS? As a pregnancy progresses, placental hormones and weight gain block the action of insulin in the mother's body to ensure that the developing fetus gets enough glucose. Most women's systems secrete more insulin to compensate, but in 4 to 7 percent of women, this mechanism fails, at no fault of their own.

With her diagnosis, Lautenbach became one of at least 135,000 women who develop gestational diabetes each year. "Insulin resistance happens in all pregnancies to make the feeding of the baby more stable," says Teresa Hillier, M.D., a clinical assistant professor of endocrinology at Oregon Health Sciences University in Portland. "Some women don't have enough reserve insulin to accommodate for that, and they get gestational diabetes."



BY ● SARA AASE

WHAT ARE THE RISKS? Gestational diabetes can be a challenge for mom, but it has more potential to harm the fetus. "It's a disease of the mom, but it affects the baby," says Lois Brustman, M.D., a maternal-fetal medicine specialist and co-director of the Diabetes in Pregnancy Program at St. Luke's Roosevelt Hospital Center in New York City. Too much glucose, or hyperglycemia, "overfeeds" the baby in the womb. Left untreated, this can lead to problems during birth and a drastically higher, lifelong risk of being overweight or obese and developing type 2 diabetes.

Gestational diabetes also puts a mom at a much greater risk of developing type 2 diabetes. "There is a 60 percent chance women with gestational diabetes will have it again in a subsequent pregnancy, or will develop type 2 diabetes after the pregnancy," Brustman says.

The good news is that recent research

has found following the diet and exercise habits to keep gestational diabetes in check can also lower your risk of developing type 2. Following treatment for gestational diabetes during your pregnancy also eliminates the added obesity risk for your baby.

HOW WILL I KNOW IF I HAVE IT? Most pregnant women are required to drink a liquid that contains 50 grams of glucose between 24 and 28 weeks, when insulin-blocking hormones peak. This is called the oral glucose tolerance test, and it's one of those universal experiences of pregnancy.

After an hour's wait, your care provider will take a blood sample to measure how your body metabolized the drink. If the glucose reading is greater than 130 to 140 milligrams per deciliter, depending on the practice, you'll take a second test that requires overnight fasting and ingesting a solution containing twice the amount of glucose. Failing this test confirms the gestational diabetes diagnosis.

WHAT HAPPENS NEXT? If you're diagnosed, you will likely see specialists during your pregnancy, such as a nutritionist and diabetes health nurse, to help you monitor your blood-sugar levels. You may receive additional fetal monitoring and ultrasounds during your pregnancy to check the baby's size and movement as well as the health of your placenta.

Expect to follow a strict diet and exercise program, with the goal of keeping your blood-glucose level as close to normal as possible. You'll check your level in the morning and before and after meals, using the typical diabetes kit that pricks your finger for a sample of blood. And you'll be instructed to eat a specific balance of carbohydrates, protein, and fat at specific times of the day.

"Mine was almost like the South Beach Diet, where you count grams of carbohydrates per unit and are allowed so many units per meal," Lautenbach says. "I couldn't have fruit in the morning, and I couldn't have juice, ever. I craved orange juice for the last three months!"



Check Up On It

If you're diagnosed with gestational diabetes, have your blood glucose levels tested again six to eight weeks postpartum. Then, be sure to advise future doctors that you've had the condition and need testing from time to time, especially if you plan to have more children.

Elevated blood sugar levels cause the most damage to a fetus within the first five to eight weeks after conception, according to a study from Joslin Diabetes Center, so it's important to get tested and make sure your levels are controlled before trying to have another baby.

Whether or not you're conceiving again, "Maintain your exercise routine and ideal body weight," Brustman says. Among other factors, including family history, excessive weight gain can increase your risk of developing type 2.

Your doctor will also tell you to get at least 30 minutes of moderate exercise—walking or swimming, for example—every day. This will promote healthy weight gain and improve insulin sensitivity, so your body will more efficiently store your meals. If your glucose readings are still too high after a week or two of diet and exercise, your doctor will most likely prescribe insulin, to be taken orally or by injection. Lautenbach gave herself a daily insulin injection in the abdomen starting at 35 weeks.

WHAT ABOUT LABOR AND DELIVERY? If you have well-controlled gestational diabetes, you can expect to have a normal labor and delivery, although doctors will monitor your blood-sugar levels. "I had my blood tested every hour during labor and in between pushing," Lautenbach says. Once her daughter was born—healthy and weighing 8 pounds, 2 ounces—they tested the baby's blood every hour for the first 6 hours and then every 2 hours after that, for a total of 15 hours.

Doctors also tested Lautenbach's blood twice a day while she was in the hospital for her 48-hour stay. Six weeks later, when she was tested again, her blood sugar levels had returned to normal.

And this happy ending is a reality for many moms with gestational diabetes, Hillier says. "The important message is to stick with treatment to reduce your child's risk of being overweight or obese." **P**

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