

Gestational Diabetes (GD) and Pregnancy

What is GD?

In pregnancy, your placenta releases hormones that change the way you store and process sugars. Your body adapts to have more sugar available to your growing baby. Sometimes, your body is not able to compensate for these changes. This can result in you having too much sugar circulating in your blood or, in other words, very high blood sugar; when this occurs in pregnancy, this is called Gestational Diabetes (GD). GD is limited to pregnancy alone, unlike other types of diabetes. Once your baby and placenta have been born, GD resolves.

How does GD affect my baby and me?

One of the biggest risks of GD is growing a large baby or a baby bigger than what is ‘normal’ for your body. As you can imagine, a big baby can make for a harder delivery. We also know that babies that come from a high sugar environment can have a harder time transitioning and managing their own sugars once they are born.

When you have GD and your blood sugars are not well controlled, and this means it can put *both* you and your baby at an increased risk of having diabetes later in life.

How do I know if I have GD?

There are no obvious symptoms of gestational diabetes. In order to diagnose GD, we have to test for it.

Unfortunately, we don’t yet know the BEST way to test for gestational diabetes. Some things that put you at higher risk for having GD are:

- Age > 25
- Obesity
- Previous GD in another pregnancy
- Mother/father/sibling with Type 2 Diabetes
- History of a big baby or stillbirth
- Measuring large in your pregnancy
- History of PCOS
- Ethnic background (Indigenous, Hispanic,, Asian, African)

Options for testing:

1. Choose not to test after assessing your risk factors for GD
 - We will continue to monitor your pregnancy in the usual fashion, and recommend a low sugar diet.

2. Choose the SCREENING Test (50g Glucose Challenge Test)
 - This involves drinking 50g of sugar and then having a blood test 1 hour later
 - You have to stay in the lab for the full hour and cannot walk around or sleep
 - If this test is **negative**, you don't have GD
 - If this test is **positive**, you have to do the diagnostic test (discussed below)

3. Choose the DIAGNOSTIC Test (75g Glucose Tolerance Test)
 - This is currently the recommended test in our community
 - This test is done with a positive Screening Test or as the first line of testing for people with risk factors
 - This involves 3 different blood tests
 - (1) Before you drink 75g of sugar
 - (2) 1 hour after the drink
 - (3) 2 hours after the drink
 - If any of these blood tests are elevated, you are diagnosed with GD

** If you are planning to do this test, we recommend you make an appointment with LifeLabs first thing in the morning. Eat a protein rich snack before you go to bed and plan to be at the lab for 2 hours the next morning.**

If I am diagnosed with GD, what do I do?

We know that when GD is treated properly, there are improved outcomes for moms and babes. GD is not caused by having a poor diet or not exercising enough, but improving your diet and increasing exercise can help to manage GD. If you are diagnosed with GD, your midwives will refer you to the Diabetes Education Centre at the hospital. Here they will set you up with a monitor so you can check your own blood sugars and track your diet. You will have increased monitoring in your pregnancy, including ultrasounds and Non-Stress Tests (NSTs).

References and extra reading material if you're interested!

- <http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/diabetes-in-pregnancy#Resources>
- <https://www.cmbc.bc.ca/registrants-handbook/standards-policies/>