

Gestational Diabetes

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Gestational diabetes occurs in women who are not diabetic prior to pregnancy, but who develop insulin resistance during their pregnancy. Women who develop gestational diabetes are unable to produce enough insulin for their bodies. Since not enough insulin is available to convert the glucose in the blood stream into energy for the body, the glucose levels increase causing hyperglycemia. This can be a serious condition if it goes undiagnosed and untreated. If the pregnant woman is seeking appropriate prenatal care, her health care practitioner is checking for glucose in the urine routinely, and some perform a finger stick as well.

Gestational diabetes may not be as serious as an insulin dependent diabetic going through pregnancy and delivery, but it can't be ignored either. A proper diet is essential in controlling blood sugar levels in gestational diabetes, as well as regular exercise and keeping weight gained under control. These factors all contribute to the birth of a healthy baby. According to www.diabetes.org, if a mother with gestational diabetes does not keep her blood glucose levels under control, the developing fetus will be required to make more insulin to process the extra blood glucose that is transferred to it via the placenta. The fetus has no real use for this extra energy so it is stored as fat. This extra fat can cause the infant to be large or macrosomic, which can lead to complications during delivery, such as shoulder dystocia or dislocation. The infant can be so large that it must be delivered via Cesarean section because it is too large to pass through the birth canal. The newborn infant of the mother with gestational diabetes can also be prone to having low blood sugar values after birth, and must be monitored for signs of hypoglycemia. A macrosomic baby is also prone to obesity and to potentially developing Type II diabetes later on in their adult life.

Gestational diabetes can be managed, and doesn't have to be an issue at all during pregnancy. Women are encouraged to check their blood sugar levels throughout the day and instructed to administer insulin if it is required. If women with gestational diabetes can keep their blood glucose levels under control, they are less likely to have complications during the birth of their baby. Most women do not continue to have high blood glucose levels after pregnancy, but some do go on to develop Type I or II diabetes later on. Gestational diabetes usually occurs with subsequent pregnancies as well. If you are pregnant and have developed gestational diabetes, it is very important that you keep your regular prenatal appointments and follow through with all recommendations made by your health care provider. It is all in the best interest of you and your baby.