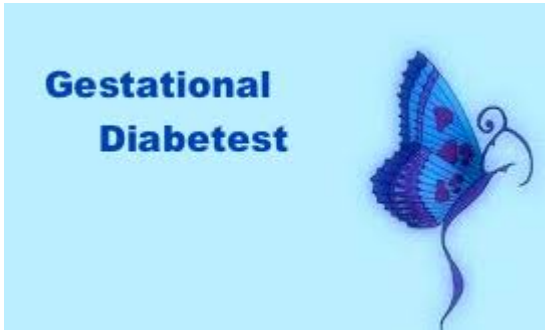
Gestational Diabetes



During pregnancy – usually around the 24th week – many women develop gestational diabetes. A diagnosis of gestational diabetes doesn't mean that you had diabetes before you conceived, or that you will have diabetes after giving birth. But it's important to follow your doctor's advice regarding blood glucose (blood sugar) levels while you're planning your pregnancy, so you and your baby both remain healthy.

What is Gestational Diabetes?

Pregnant women who have never had diabetes before but who have high blood glucose (sugar) levels during pregnancy are said to have gestational diabetes. According to a 2014 analysis by the Centers for Disease Control and Prevention, the prevalence of gestational diabetes is as high as 9.2%.

We don't know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop. But these hormones also block the action of the mother's insulin in her body. This problem is called insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin. She may need up to three times as much insulin.

Gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood and be changed to

energy. Glucose builds up in the blood to high levels. This is called hyperglycemia. You may also be interested in our book, Diabetes & Pregnancy: A Guide to a Healthy Pregnancy.

How Gestational Diabetes Can Affect Your Baby

Gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. Because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

However, untreated or poorly controlled gestational diabetes can hurt your baby. When you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. Although insulin does not cross the placenta, glucose and other nutrients do. So extra blood glucose goes through the placenta, giving the baby high blood glucose levels. This causes the baby's pancreas to make extra insulin to get rid of the blood glucose. Since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.

This can lead to macrosomia, or a "fat" baby. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth. Because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

Learn more at: http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html#sthash.IIUQtLvU.dpuf