



Diabetes in Pregnancy

Diabetes is a condition that affects blood glucose levels. It can be present prior to pregnancy or may be diagnosed during pregnancy. Diabetes during pregnancy is called *gestational diabetes*. Either way, it required special attention and testing.

All patients (except women who already have diabetes prior to pregnancy) get tested for diabetes around the 26th week of pregnancy. This is called *glucose challenge test* or GCT. You are given a drink with high doses of sugar and then one hour later your blood glucose level is tested. You do not need to be fasting for this test; however, you cannot eat or drink during the one-hour waiting period. The results will be immediately available after the glucose level is checked. If it is normal, then no further testing is needed.

If the GCT is abnormal, then you need to be scheduled for a *glucose tolerance test* (GTT). Whereas the GCT is only a screening test, the GTT is a diagnostic test and is much more sensitive. For this test, you need to be fasting overnight. This test is performed at the hospital. You will be given a sugar drink once again and then your blood glucose levels will be tested every hour for three hours. The results will be sent to our clinic. **If you do not hear from us within a week, please call the Triage nurse to discuss the results.** If the GTT is normal, then no further testing is needed.

An abnormal GTT result means that you have diabetes of pregnancy. For this condition, we refer our patients to a diabetes specialist who monitors sugar levels and decides whether medications are needed (i.e. insulin).

Women who have diabetes, whether prior to pregnancy or gestational, should be aware that the following problems may arise:

- Large Babies – Large amounts of glucose transfer through the placenta to the baby. this makes the infants larger than non-diabetic infants. This increases the risk of cesarean delivery and sometimes difficulty delivering the infant's shoulders, called *shoulder dystocia*. Neither of these is predictable, but we know that it occurs more often in diabetic patients. Higher birthweight also increases the risk for diabetes in the child.
- Preeclampsia – Diabetes can increase the risk of blood pressure problems during pregnancy.
- Stillbirth – Fetal death has been seen in women whose sugars are not well controlled in insulin dependent diabetes.

Because of these issues, blood sugars are tightly controlled by the diabetes specialist. A balanced diet, exercise and medications work together to manage blood sugar levels. Because of the diabetes, we monitor patients very closely. Depending on sugar levels, we may get an ultrasound for growth or monitor the infant more closely. These tests do not apply to everyone with diabetes. Your doctor will determine whether these are needed based on your sugar levels, weight gain, abdominal size and medication requirements.

After delivery, the effects of the gestational diabetes go away and most women have normal sugars immediately after delivery. Nonetheless, these women have a 50% chance of getting diabetes in their lifetime. We recommend another GTT test in the postpartum period, sometime after six weeks. For this, a fasting blood sugar will be drawn and after drinking a sugar solution, a two-hour sugar level will be check in the office. If these tests are normal, then we recommend a yearly fasting blood sugar test. If this is every abnormal, you will be referred to a diabetes specialist.