

a history of GDM undergo lifelong screening for the development of diabetes or prediabetes at least every 3 yrs.

Treatment

Specific treatment for GDM will be determined by your dr based on:

- your age, overall health, & medical history.
- extent of the disease.
- your tolerance for specific medications, procedures, or therapies.
- expectations for the course of the disease
- your opinion or preference.

Treatment for GDM focuses on keeping blood glucose levels in the normal range. Treatment may include:

- special diet
- exercise
- Daily blood glucose monitoring
- Insulin injections

Possible Complications for the Baby

Unlike type 1 diabetes, GDM generally occurs too late to cause birth defects.

Birth defects, usually originate during 1st tri-mester (before the 13th week) of pregnancy. The insulin resistance from the cord-placental hormones produced by the placenta does not usually occur until approx. 24th week. Women w/ GDM generally have normal blood sugar levels during the critical first tri-mester.

Infants of mothers w/ GDM are vulnerable to several chemical imbalances such as low serum Ca & low serum magnesium levels, but in general, there are 2 major problems of GDM: Macrosomia & hypoglycemia.

Macrosomia: refers to a baby who is considerably larger than normal. All of the nutrients the fetus receives come directly from the mother's blood. If the maternal blood has too much glucose, the pancreas of the fetus senses the high glucose levels & produces more insulin in an attempt to use this glucose. The fetus converts the extra glucose to fat. Even when the mother has GD, the fetus

is able to produce all the insulin it needs. The combination of high blood glucose levels from the mother & high insulin levels in the fetus results in larger deposits of fat & causes the fetus to grow excessively large.

- Hypoglycemia: refers to low blood sugar in the baby immediately after delivery. This problem occurs if the mother's blood sugar levels have been consistently high, causing the fetus to have a high level of insulin in its circulation. After delivery, the baby continues to have a high insulin level, but it no longer has the high level of sugar from its mother, resulting in the newborn's blood sugar level becoming very low. The baby's blood sugar level is too low, it may be necessary to give the baby glucose IV.

Blood glucose is monitored very closely during labor. Insulin may be given to keep the mother's blood sugar in a normal range to prevent the baby's blood sugar from dropping excessively after delivery.