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Diabetes During Pregnancy Risky For Mom, Baby

**By Melanie Reynolds
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About halfway through my pregnancy with my second child, I got alarming news: I had gestational diabetes. My doctor prescribed a better diet and more exercise if I wanted a healthy baby. With the help of a dietitian, I worked hard to follow his advice.

I remember eating lots of lean turkey and taking long walks. Despite my efforts, I gave birth to a 10.5-pound bouncing boy. If I hadn't worked so hard to improve my lifestyle, my baby might have made the Guinness Book of World Records!

That experience was a wake-up call. I realized that I was going to have to pay attention to my lifestyle not just during pregnancy, but for the rest of my life. The specter of diabetes would follow me forever.

I've had to pay close attention to my blood sugar level ever since.

What Is It?

While there's been lots of focus on avoiding or managing type 2 diabetes, you don't hear as much about gestational diabetes, a type that occurs only during pregnancy. Yet if it's not treated, it can cause serious health problems for mother and child.

The good news is that gestational diabetes can usually be managed so that mom can have a healthy pregnancy and baby can get a healthy start on life.

Gestational diabetes occurs when hormones from the placenta block the mother's pancreas from producing enough insulin. This allows glucose (a sugar) to build up in the blood to high levels. The body isn't able to convert the glucose into energy.

Nationally, about 9 of 100 pregnant women will develop gestational diabetes, according to a 2014 analysis by the Centers for Disease Control and Prevention (CDC). The disease has been getting more common over the past couple of decades.

From 2000 to 2006, the rate of the disease in Montana was almost half that of the nation, according to the state Department of Public Health and Human Services. But Lewis and Clark County was among a dozen or so counties with the highest rates in the state.

Gestational diabetes usually shows up about halfway through a pregnancy. Symptoms may include fatigue, blurred vision, increased thirst, increased urination, and nausea and vomiting.

Often there are no symptoms, so doctors routinely test women for it between 24 and 28 weeks of their pregnancy.

Who's At Risk?

You may be more likely to develop gestational diabetes if:

- You're 30 or older. (I was 38.)
- You have high blood pressure.
- You were overweight before your pregnancy or gained a lot of weight during it. (OK, I confess.)
- You have a family history of diabetes. (Yep, I do.)
- You had gestational diabetes during an earlier pregnancy.
- In your last pregnancy, you gave birth to a baby who weighed more than 9 pounds.
- You've had an unexplained miscarriage or stillbirth.

Even without any of these risk factors, you can still develop gestational diabetes.

What Harm Does It Do?

Women who have uncontrolled gestational diabetes tend to have larger babies at birth because glucose crosses through the placenta and raises the baby's blood sugar level. The baby gets more energy than it needs and stores the extra as fat.

This can increase the chance of problems at the time of delivery. The baby may be injured during birth because of its large size, or the mother may need to have a cesarean section.

Gestational diabetes usually goes away after birth, but a mother who had it in one pregnancy is more likely to have it in the next one. Both mother and child are also more likely to develop type 2 diabetes later in life, and the baby is more likely to become an obese child. Baby also may be born with jaundice or breathing problems, and there's a slightly increased risk of being stillborn.

Controlling blood sugar levels reduces these risks.

Is It Treatable?

Most women with gestational diabetes can control their blood sugar and avoid harming themselves or their little one. Treatment includes physical activity and a careful diet.

Your doctor may recommend that you work with a dietitian to create a healthy meal plan. Your diet should be moderate in fat and protein and low in foods that contain a lot of sugar.

Regular exercise helps your body use glucose without extra insulin. The CDC recommends at least 30 minutes of moderate-intensity physical activity (like brisk walking or swimming) at least five days a week. Talk to your doctor before starting an exercise program.

In some cases, a woman with gestational diabetes might have to take insulin to regulate her blood sugar.

Can It Be Prevented?

If you're thinking of getting pregnant, you can lower your chances of getting gestational diabetes by losing any extra weight and increasing your physical activity level *before you get pregnant*.

Once you're pregnant, you shouldn't try to lose weight. You need some weight gain for your baby to be healthy. Your doctor will advise you about how much weight gain and physical activity during pregnancy are right for you.

To learn more about gestational diabetes, visit the National Diabetes Information Clearinghouse: www.diabetes.niddk.nih.gov/dm/pubs/gestational

Sidebar:

Nutrition experts at the Lewis and Clark City-County Health Department often refer women who've had gestational diabetes to the Inch by Inch Program at St. Peter's Hospital. This excellent 16-week nutritional and physical activity course focuses on lifestyle changes you can make to prevent diabetes and heart disease.

More information is available online at <https://www.stpetes.org/classes-events/community-education-classes/health-wellness/inch-inch-2> or by calling the hospital's Clinical Nutrition Program, 444-2386.