

Gestational Diabetes

by Brad A. Irving D.O.

As a woman enters her third trimester of pregnancy, it's time to drink down that orange stuff to test for gestational diabetes (GDM). You may ask, why do I need to test for diabetes? Or is there a way to get out of this, like trying to escape jury duty? The bottom line is that, although uncommon, gestational diabetes can carry a significant risk to you the mom, but also to that precious cargo you carry, so slurping down the dreaded orange stuff is actually one of the most important things you do during your pregnancy.

To really understand what is happening in GDM, you first need to see how the body normally processes sugar. Insulin is the key. When we eat, our bodies break down our food into simple sugars and proteins to be utilized. The pancreas constantly monitors the sugar level because one of the pancreas' main jobs is to make insulin. Insulin is a very important chemical messenger that essentially enables the tissues in your body to absorb the sugar they need to operate properly. When insulin works properly, the body is able to keep blood sugar stable. However, in diabetics the cells of the body become less sensitive to insulin. (This is something like what happens to the average man's ability to pay attention to his wife while the playoffs are on TV; he simply doesn't hear her.)

Gestational diabetes (GDM) is a unique form of insulin resistance that is typically temporary. Only two to five percent of pregnant moms have GDM. As the baby grows, a hormone is released by the placenta that causes insulin resistance in the body. This is a normal hormone released in all pregnancies, but in some women its effect is too strong. Insulin isn't able to do its job and blood sugar increases drastically. In most cases when the pregnancy is over, the resistance to insulin goes away; however, having GDM does put one at higher risk of developing real diabetes later in life.

You may be asking, so what if the sugar level in the blood is high? Why all the fuss? The tissues in our body require a careful balance of sugar to work properly. When the sugar is high there is damage to the tissues; such as blood vessels, nerve, and even to the fetal tissue. There are a

number of negative impacts of uncontrolled blood sugar in a mom with GDM. The most common is that the baby gets big. When you see babies upwards of nine or 10 pounds, the moms were typically diabetic. Another tragic complication is a higher risk of stillbirth (death) in the last few weeks of pregnancy. Moms with GDM also have higher rates of blood pressure problems, cesarean section, dangerously low sugar after birth (for baby) and the need for labor induction. The risk of all of the above complications can be minimized with tight blood sugar control.

GDM is diagnosed often near the third trimester of pregnancy. That nasty orange stuff is a sugar load, and a blood draw is done an hour later to see if the sugar is elevated. If the test is abnormal, a more specific diagnostic test is done. The testing is important, as keeping those blood sugars in the normal range affects not just mom, but mostly the baby. Research has shown that strict control, or the lack thereof, of the sugars can have life-long consequences for baby.

One important way doctors watch over moms with GDM is to have the moms test their blood sugar regularly after they are diagnosed. This is done with a simple finger prick and an instant blood sugar monitor. They often watch for signs of problems with frequent visits and utilize ultrasound to check on the baby's growth and well being. Most doctors recommend labor induction at the last week in pregnancy, as this has shown to avoid some of the common complications that occur in GDM pregnancies.

Thankfully, most women are able to keep their sugars controlled with a balanced diet of carbs, proteins, fruits and vegetables. Most don't realize how carbs in the diet can really elevate the blood sugar. Bagels, rice, white bread, pasta and, of course, pop or desserts are notorious for causing high sugars. Pregnant women diagnosed with GDM are often referred to special diabetic educators to learn about the most healthy diet for their baby. For some moms a controlled diet may not be adequate for control. In those cases certain medications can help the body sensitize to insulin. There are few that require extra insulin to keep the blood sugars under control.

When diagnosed with GDM, the pregnancy is considered a higher risk that requires frequent visits with your doctor to keep it under control. But with effort on part of the mom and her physician the pregnancy can be managed to safely bring a healthy little boy or girl into the world.

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