

Gestational Diabetes

This sheet is about having gestational diabetes in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is gestational diabetes?

Gestational diabetes is diabetes diagnosed for the first time during pregnancy. Diabetes is a medical condition in which the body either does not make enough insulin or cannot use insulin correctly. Insulin is a hormone that is necessary for providing cells with energy to function. Insulin helps sugar (glucose) move from the bloodstream into the cells. When glucose cannot enter the cells, it builds up in the blood (hyperglycemia).

Sometimes, women have type 2 diabetes before becoming pregnant, but they do not know it. There are cases of type 2 diabetes that are not diagnosed until later in pregnancy, so it is called gestational diabetes but it was actually there all along. Because type 2 diabetes is becoming more common, it has been suggested that all women who want to become pregnant talk with their healthcare provider about being checked for diabetes before becoming pregnant.

Well-controlled glucose levels are when your levels are in the range that acceptable for you. Uncontrolled or poorly-controlled glucose levels means your blood sugar levels are too high, even if you're treating your condition. What is considered well-controlled, poorly-controlled and uncontrolled can vary from person to person. In general, the goals for glycemic control for women with gestational diabetes have been:

- Before a meal (preprandial) ≤ 95 mg/dL (5.3 mmol/L)
- 1-hour post-meal ≤ 140 mg/dL (7.8 mmol/L)
- 2-hours post-meal ≤ 120 mg/dL (6.7 mmol/L)

However, because every woman and every pregnancy are different, it is important to work with your healthcare team to determine what your glucose goals are and how to meet them during pregnancy.

Does having gestational diabetes increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. When glucose levels are not well-controlled during pregnancy, there is an increased chance for miscarriage and stillbirth.

Does having gestational diabetes increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Gestational diabetes has not been associated with birth defects in most studies, but there are some studies that suggest an increased chance for certain birth defects. It is possible that these birth defects are due to obesity, which can also cause gestational diabetes.

Would having gestational diabetes increase the chance of other pregnancy related problems?

When glucose levels are not well-controlled during pregnancy, there is a higher chance of pre-eclampsia (a pregnancy related disorder that can lead to dangerously high blood pressure), too much amniotic fluid around the baby (polyhydramnios), and delivery before 37 weeks of pregnancy (preterm delivery). A woman with diabetes during pregnancy also has an increased chance of having a baby who has trouble breathing, low blood sugar (hypoglycemia) and jaundice (yellowing of the skin and the whites of the eyes) at birth. In addition, having gestational diabetes increases the chance of having large babies (called macrosomia), some weighing over 10 pounds.

Can having gestational diabetes in pregnancy cause long-term complications for the baby?

Infants of parents with gestational diabetes have an increased chance of developing diabetes later in life. This is thought to be caused by both genetics and diabetes management (glucose control) during pregnancy. Some studies suggest that poorly-controlled diabetes during pregnancy could affect development of the central nervous system (CNS), which can increase the chance of problems with learning, behavior, and development. However, data from

these studies are limited.

How are women screened for gestational diabetes?

Most women who are pregnant are screened for gestational diabetes around 24 to 28 weeks of pregnancy by drinking a glucose solution and having their blood glucose level tested one hour later. If this test is abnormal, a longer test may be done to verify the diagnosis of gestational diabetes.

Women who have had gestational diabetes in a previous pregnancy have a greater chance of having it again in later pregnancies. If you have had gestational diabetes in a previous pregnancy, your healthcare provider may want you to take the glucose screening test earlier in pregnancy. Talk to your healthcare provider to go over the screening or testing options that are right for you.

How is gestational diabetes treated?

In most cases of gestational diabetes, blood glucose levels can be controlled with dietary changes and exercise. In some cases, medications may be needed. You can discuss questions about a specific medication with your healthcare provider or by contacting a MotherToBaby specialist.

What kinds of tests are recommended during pregnancy for women with diabetes?

Your healthcare providers will follow the health of you and your developing baby closely during the pregnancy. They will talk with you about the correct screening tests for your pregnancy.

Does gestational diabetes go away after I deliver my baby?

For most women, gestational diabetes goes away soon after delivery. If it does not go away, it is called type 2 diabetes. About 50% (1 in 2) of all women who had gestational diabetes develop type 2 diabetes later in life. It is suggested that women who had gestational diabetes get tested for diabetes 6 to 12 weeks after their baby is born, and then every 1 to 3 years. It is important for a woman who has had gestational diabetes to continue to exercise and eat a healthy diet after pregnancy to prevent or delay getting type 2 diabetes.

Does having gestational diabetes in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if gestational diabetes can cause behavior or learning issues for the child.

Breastfeeding while I have gestational diabetes:

Women who had gestational diabetes should not be discouraged from breastfeeding. Women with diabetes should make sure their glucose levels are well-controlled when breastfeeding. Some research has found that high maternal glucose can overflow into the breast milk as sugar. This could cause hypoglycemia and increased food-seeking behavior in the infant. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

Please click [here](#) to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 1, 2023.