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How Does Gestational Diabetes (GD) Affect Your Pregnancy and Baby?



by **Colleen de Bellefonds**

Medically Reviewed by Andrei Rebarber, M.D. on December 28, 2020 ✓

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Gestational diabetes is more common than you might think. Learn more about who's most at risk, plus what you can do to keep yourself and your baby healthy if you are diagnosed.

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Has your doctor diagnosed you with gestational diabetes (GD or GDM)? While it might feel overwhelming at first, gestational diabetes is much more common than you might think.

Know that with careful monitoring and treatment, gestational diabetes can be managed, and you can have a safe and healthy pregnancy.

What is gestational diabetes?

Gestational diabetes is a form of diabetes that appears only during pregnancy.

Between 6 and 9 percent of pregnant women develop gestational diabetes, according to the Centers for Disease

Control and Prevention (CDC).

What causes gestational diabetes?

Insulin is a hormone produced in the pancreas that regulates the body's metabolism of fats and carbs, and helps the body turn sugar into energy.

Gestational diabetes occurs when hormones from the placenta block insulin, preventing the body from regulating the increased blood sugar of pregnancy effectively.

This causes hyperglycemia (or high levels of sugar in the blood), which can damage the nerves, blood vessels and organs in your body.

When does gestational diabetes usually begin?

Gestational diabetes is usually evaluated between week 24 and week 28 of pregnancy.

Who is most at risk for gestational diabetes?

While researchers aren't certain why some women get gestational diabetes while others don't, they do know that you may be at an increased risk if:

- **You are overweight.** Having a BMI

of 30 or more going into pregnancy is one of the most common risk factors for gestational diabetes, because the extra weight affects insulin's ability to keep blood sugar levels in check.

- **You have a higher level of abdominal fat.** Research published in the American Diabetes Association's journal *Diabetes Care* found that women who had higher levels of tummy fat in the first trimester of pregnancy may be more likely to be diagnosed with gestational diabetes later.
- **You are older.** Doctors have noted that women over the age of 25-30 have a higher risk of developing GDM, with that risk increasing as you get older.
- **You have a family history.** If diabetes runs in the family, especially in any of your first-degree relatives, you may be more at risk of GDM. Pregnant people who are Black, Native American, Hispanic, South or East Asian, or Pacific Islander may also be at greater risk for developing GDM.
- **You have a personal history of GDM.** If you had gestational diabetes during a previous pregnancy, research suggests you're more likely to have it again in a subsequent

pregnancy.

- **You received a pre-diabetes diagnosis.** If your blood sugar levels were slightly elevated before pregnancy (for example, if your hemoglobin A1C was greater than or equal to 5.7 percent, or if you were told you have an impaired fasting glucose level), you may be at higher risk of GDM.
- **You have been put on bed rest.** Some research has shown that because you're inactive on bed rest, you're more likely to put on more pregnancy weight and, therefore, more likely to develop GDM.
- **You have a medical condition associated with the development of diabetes.** This could include metabolic syndrome, polycystic ovary syndrome, hypertension or cardiovascular disease.
- **You're pregnant with multiples.** Carrying more than one baby may increase your risk for GDM.

In the U.S., about 90 percent of pregnant women have at least one risk factor for gestational diabetes, which is why universal screening is thought to be the most practical approach.

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What are the symptoms of gestational diabetes?

Most women with gestational diabetes have no symptoms, though a few who may have overt diabetes may experience:

- Unusual thirst
- Frequent urination in large amounts (distinguished from the also frequent but usually light urination of early pregnancy)
- Fatigue (which may be difficult to differentiate from normal [pregnancy fatigue](#))
- Sugar in the urine (detected at routine practitioner visit)

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How is gestational diabetes diagnosed?

You've probably noticed by now that your doctor asks for a urine sample at every office visit. That's in part to check

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for sugar in your urine, which can be a sign of gestational diabetes (though one positive screening doesn't necessarily mean you have gestational diabetes).

In addition, the U.S. government now recommends that all pregnant women be screened specifically for gestational diabetes. Between week 24 and 28 of pregnancy, your practitioner will give you a [glucose screening test](#), where you'll drink a sugary liquid and have your blood drawn an hour later.

If your bloodwork picks up high sugar levels, your doctor will have you take a three-hour glucose tolerance test to determine whether you have gestational diabetes.

How does gestational diabetes affect me and my baby?

With proper treatment and regular monitoring by your practitioner, gestational diabetes can be managed and is not harmful to you or your baby. But if GDM is not treated, and excessive sugar circulates in a mother's blood and the baby's, the potential problems for both mother and baby are serious.

Women who have uncontrolled GDM are at risk for having a [too-large baby \(a condition called macrosomia\)](#), making

delivery more difficult and C-section more likely. They are also at risk for preeclampsia and stillbirth.

And because gestational diabetes is considered a pregnancy complication, pregnant women who have it may be more likely to be induced, since most doctors won't let their pregnancies progress past their due dates.

Uncontrolled diabetes could also lead to potential problems for the baby after birth, such as jaundice, breathing difficulties and low blood sugar levels. Later in life, baby may be at an increased risk for obesity and [type 2 diabetes](#).

But keep in mind, these potential negative effects don't apply to moms who follow their doctors' recommendations to keep their blood sugar under control.

What you can do to prevent gestational diabetes?

If your only risk factors for gestational diabetes are a family history of the disease and/or advanced maternal age, there may be nothing more you can do to prevent your chances of developing the condition.

But if you're overweight, don't eat a well-balanced diet or don't routinely exercise, adopting a few healthy habits can make a big difference.

The following steps can have a big impact on reducing your risk of developing both gestational diabetes and type 2 diabetes, both before you conceive and during your pregnancy:

- **Stay active.** With the motivation of your baby on the way, now's an excellent time to start a fitness routine. Working out under your practitioner's guidance — even a 15-minute walk after lunch and dinner — allows your body to burn glucose even without the insulin your body should normally produce. It's a great way to keep your blood sugars in check.
- **Eat a healthy diet.** Making changes to your diet now not only protects you and your baby during pregnancy, it also helps you to develop better eating habits for life. Consume a well-balanced diet loaded with a variety of fruits and vegetables; lean, healthy protein; and complex carbs. Aim to limit your fat, especially saturated and trans fats (foods like butter, palm and coconut oils, cheese and processed meats), and try to avoid sugary, processed foods. Think high-

fiber, low-fat options (whole grains, low-fat dairy, lean red meat, poultry, legumes and fish), and watch your portions. Check out [ChooseMyPlate.gov](https://www.choosemyplate.gov) for more information on how much you should aim to eat from each food group and what constitutes a portion. While it takes a bit of work at first, it can quickly become routine — and you'll soon be an expert on what to eat (and what to avoid).

- **Keep an eye on the scale.** With the help of your practitioner, try to maintain a normal weight and BMI: That means aiming to [gain the right amount of weight during pregnancy](#) and lose the extra pounds after.

How is gestational diabetes treated?

Fortunately, you can eliminate virtually all of the potential risks associated with diabetes in pregnancy by carefully controlling your blood sugar levels.

If you're diagnosed with GDM, doctors and researchers recommend the following:

- **Monitor your blood sugar level several times a day.** Check first thing in the morning to get your fasting rate and then an hour after

you eat each meal to make sure your blood sugar stays in a healthy range (suggested by your doctor). Most doctors suggest that you buy a diabetes kit, which includes needles to prick your finger and a little machine that reads your blood sugar. Don't worry, the finger prick doesn't hurt, and it's the most accurate way to tell how your body is processing various foods. It's empowering when you make healthy food choices and your blood sugar reading is good — you're taking an active role in your own health (and, of course, your baby's).

- **Meet with a registered dietitian.** She can help you review healthy food options and make a meal plan. Many women stick to their “gestational diabetes” diet of well-balanced meals long after birth.
- **Keep a food log.** After each meal, write down everything you ate along with your blood glucose number. This helps you to better understand what foods are spiking your glucose levels so you can avoid them.
- **Get moving.** Go for a walk or take the stairs after a meal to lower your glucose levels.

Diet and exercise are often enough to control gestational diabetes — but if

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they don't, your doctor may suggest that you take supplementary insulin to control it.

Supplementary insulin can be given in shots, though the oral drug glyburide (a diabetes medication that helps the pancreas produce insulin) is being prescribed more and more often for GDM.

Your doctor may suggest additional fetal monitoring in your third trimester, including either nonstress tests and/or biophysical profiles, to make sure your baby's heart rate, amniotic fluid levels and movements are normal.

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Best Foods to Eat
While Pregnant

How is gestational diabetes managed after pregnancy?

Research has shown that women with gestational diabetes have a 3 to 7 percent chance of developing type 2

diabetes within five to 10 years — which is why it's so important to make those healthy habits routine during pregnancy and keep a check on your health even after your pregnancy is over.

Here are a few ways to stay healthy after baby is born:

- **Keep up with doctor visits.** Make sure your primary care physician and/or OB-GYN reevaluates you after your postpartum visit — at six weeks and then again every year — to check for continued problems with fasting glucose and HbA1c (glycated hemoglobin) levels.
- **Talk to a nutritionist.** She'll help you to develop a diet you can maintain that will help to control your glucose levels.
- **Continue to eat as healthy as possible every day.** Try to avoid sugars and refined carbohydrates that spike your blood sugar and can contribute to the development of type 2 diabetes. Remember, sugar and simple carbs are everywhere — so make sure to read labels carefully (a nutritionist can help you to understand key ingredients to watch out for). Instead, opt for unprocessed foods like vegetables, low-fat meats, dairy and whole grains.

- **Breastfeed for as long as possible.** Breastfeeding may decrease your risk of developing type 2 diabetes after gestational diabetes. There are several possible explanations, including that breastfeeding women have lower levels of glucose circulating in their blood.
- **Fit in fitness.** Although it's hard to stay active with a baby who requires all of your attention (and more!), try to fit in as much doctor-approved exercise as possible to help you lose the pregnancy pounds and keep your weight in check.

How does GD affect your baby after birth?

Babies who are born to mothers with gestational diabetes should be tested for low blood sugar (hypoglycemia), even if they have no symptoms, with a simple blood test after birth. This happens immediately after delivery, while you and baby are still in the hospital.

After birth, it's essential to keep the focus you had during pregnancy on a healthy lifestyle for your whole family; you may find that it helps you stick to your resolutions as well.

Teach your child good eating and exercise habits early on: If you had gestational diabetes, your baby could be at a higher risk for health problems, including obesity as a child or teen and an increased risk for type 2 diabetes later in life, according to the CDC.

To help avoid a type 2 diabetes diagnosis for your child, aim to ensure that he or she:

- **Eats nutritious meals.** The same diet you follow during pregnancy and beyond is good for your child, too. When he gets old enough, have him help you in the kitchen — children who help prepare dishes are more likely to eat them.
- **Gets plenty of exercise as he grows.** Start by taking walks. As he gets older, toddler soccer and other activities are a great way to get him interested in healthy movement.
- **Maintains a healthy weight.** Talk to his pediatrician to make sure his BMI is on target, and talk openly to him about healthy weight and the increase in obesity he might notice in school.

From the What to Expect editorial team and [Heidi Murkoff](#), author of What to Expect When You're

Expecting. Health information on this site is based on peer-reviewed medical journals and highly respected health organizations and institutions including [ACOG](#) (American College of Obstetricians and Gynecologists), [CDC](#) (Centers for Disease Control and Prevention) and [AAP](#) (American Academy of Pediatrics), as well as the What to Expect books by Heidi Murkoff.

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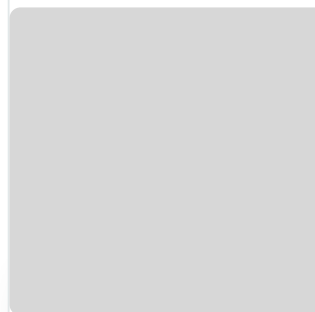
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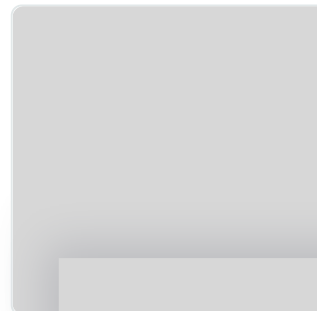
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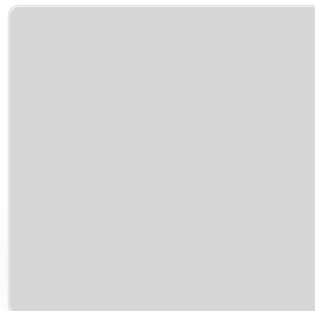
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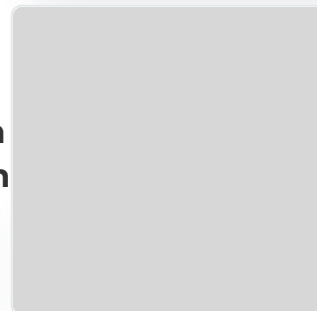
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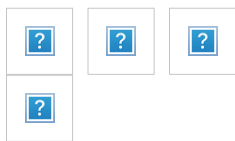
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