



What is involved in getting tested?

Health care providers may use one of two approaches* to test for gestational diabetes:

- *One-step approach.* After fasting (not eating or drinking anything except water) for 4 to 8 hours, a woman's blood sugar level is measured before and 2 hours after she drinks a certain amount of a sugar drink. This type of test is called an oral glucose tolerance test.
- *Two-step approach.* A health care provider measures the blood sugar of a woman 1 hour after she drinks a certain amount of a sugar drink. Women whose blood sugar level is normal after 1 hour probably do not have gestational diabetes; those whose blood sugar level is high after 1 hour then get an oral glucose tolerance test to see if they have gestational diabetes.

Why do some women get gestational diabetes?

Usually, the body breaks down much of the food you eat into a type of sugar, called glucose. Because glucose moves from the stomach into the blood, some people use the term blood sugar, instead of glucose. Your body makes a hormone called insulin that moves glucose out of the blood and into the cells of the body. In women with gestational diabetes, the glucose can't get into the cells, so the amount of glucose in the blood gets higher and higher. This is called high blood sugar or diabetes.



What should I do if I have gestational diabetes?

If your health care provider tells you that you have gestational diabetes, you will need to follow a treatment plan to keep the condition under control. Most treatment plans include knowing your blood sugar level, eating a healthy diet, and getting regular physical activity. Some women also take insulin as part of their treatment plan.

More and more women with gestational diabetes have healthy pregnancies and healthy babies because they follow their treatment plan and control their blood sugar.

Managing Gestational Diabetes: A Patient's Guide to a Healthy Pregnancy, a booklet from the National Institute of Child Health and Human Development (NICHD), describes general ways to stay healthy with gestational diabetes. The booklet explains what causes gestational diabetes, what having it means for you and your baby, and what you can do if you have it; the booklet also gives contact information for groups that can help you if you find out you have it.



To get your free copy of this booklet, or for more information about NICHD research topics, contact the **NICHD Information Resource Center** at:

Phone: 1-800-370-2943 (TTY: 1-888-320-6942)

Fax: (301) 984-1473

Mail: P.O. Box 3006, Rockville, MD 20847

E-mail: NICHDInformationResourceCenter@mail.nih.gov

Internet: <http://www.nichd.nih.gov>

* American Diabetes Association. (2004). Position statement: Gestational Diabetes Mellitus. *Diabetes Care*, 7(Supp.1): S88-S90.

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Am I at risk for gestational diabetes?



U.S. Department of Health and Human Services
National Institutes of Health
National Institute of Child Health and Human Development



What is gestational diabetes?

Gestational diabetes (pronounced jess-tay-shun-ul die-uh-beet-eez) is a type of diabetes, or high blood sugar, that only pregnant women get. In fact, the word gestational means pregnant. If a woman gets high blood sugar when she's pregnant, but she never had high blood sugar before, she has gestational diabetes. Nearly 200,000* pregnant women get the condition every year, making it one of the top health concerns related to pregnancy.

If not treated, gestational diabetes can cause problems for mothers and babies. Some of these problems can be serious.

But there is some good news:

- Most of the time, gestational diabetes goes away after the baby is born. The changes in your body that cause gestational diabetes normally occur only when you are pregnant. After the baby is born, your body goes back to normal and the condition goes away.
- Gestational diabetes is treatable, especially if you find out about it early in your pregnancy. The best way to control gestational diabetes is to find out you have it early and start treatment quickly.
- Treating gestational diabetes greatly lowers the baby's chances of having problems.



How do I know if I'm at risk?

Answer the questions below to learn your risk level* for gestational diabetes.

	Yes	No
1. Are you a member of a high-risk ethnic group (<i>Hispanic, African American, Native American, or Pacific Islander</i>)?	<input type="radio"/>	<input type="radio"/>
2. Are you overweight or very overweight?	<input type="radio"/>	<input type="radio"/>
3. Are you related to anyone who has diabetes now or had diabetes in their lifetime?	<input type="radio"/>	<input type="radio"/>
4. Are you older than 25?	<input type="radio"/>	<input type="radio"/>
5. Did you have gestational diabetes with a past pregnancy?	<input type="radio"/>	<input type="radio"/>
6. Have you had a stillbirth or a very large baby with a past pregnancy?	<input type="radio"/>	<input type="radio"/>
7. Do you have a history of abnormal glucose tolerance?	<input type="radio"/>	<input type="radio"/>

If you answered **YES** to **TWO or more** of these questions, you are at **HIGH RISK** for gestational diabetes.
 If you answered **YES** to **ONLY ONE** of these questions, you are at **AVERAGE RISK** for gestational diabetes.
 If you answered **NO** to **ALL** of these questions, you are at **LOW RISK** for gestational diabetes.

Should I get tested?

If you are at... Your health care provider will*...

High Risk Test you as soon as you know you are pregnant. If the first test is negative, he or she will likely test you again when you are between 24 and 28 weeks' pregnant.

Average Risk Test you when you are 24 to 28 weeks' pregnant.

Low Risk Probably not test you unless you start to have problems.

Keep in mind that every pregnancy is different. Even if you didn't have gestational diabetes when you were pregnant before, you might get it during your current pregnancy. Or, if you had gestational diabetes before, you may not get it with this pregnancy. Follow your health care provider's advice about your risk level and getting tested.



What if I don't get treated for gestational diabetes?

Most women with gestational diabetes have healthy pregnancies and healthy babies because they control their condition. Without treatment, these women are at risk for: high blood pressure, preeclampsia (a sudden, dangerous increase in blood pressure), and fetal death during the last 4 to 8 weeks of pregnancy. These women may also have very large babies. Some women need surgery to deliver their bigger babies, which can increase the risk of infection and prolong recovery time.

As babies, children whose mothers had gestational diabetes are at higher risk for breathing problems. As they get older, these children are also at higher risk for obesity, abnormal glucose tolerance, and diabetes.

These women and their children also have a higher lifetime risk for type 2 diabetes. It may be possible to prevent type 2 diabetes through lifestyle changes. Talk to your health care provider about diabetes and risk from gestational diabetes.