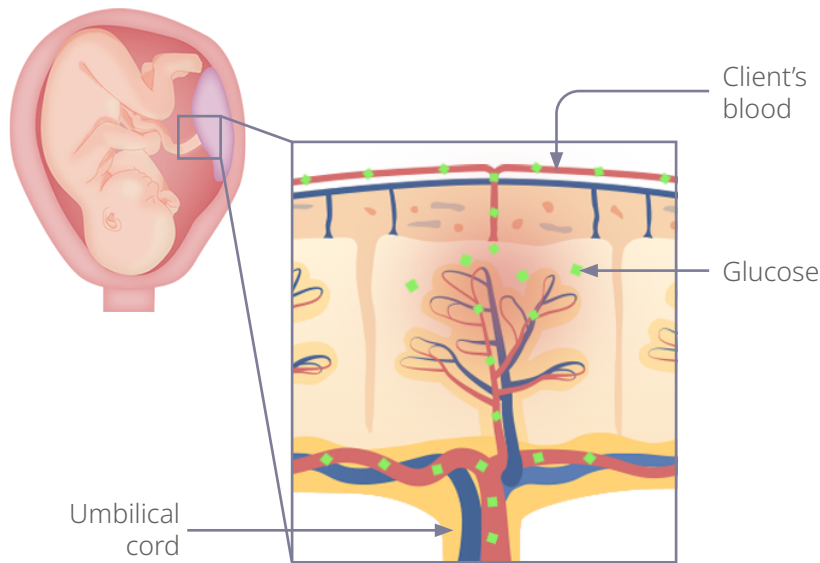




# GESTATIONAL DIABETES



Gestational diabetes occurs when normal hormonal adaptations of pregnancy “overshoot” and cause excessive insulin resistance and pancreatic beta-cell dysfunction, leading to persistent high blood sugar in both the pregnant person and the fetus.



## Risk factors

- Previous GDM pregnancy, pregnancy with birth weight > 4000 g, or unexplained stillbirth
- DM in first-degree relative
- History of HTN, PCOS, or metabolic syndrome
- Multiple gestation
- Obesity
- Corticosteroid use
- Client age > 35 years
- High-risk population (African, Asian, Hispanic)

## Potential complications

	Pregnant person	Offspring
During fetal/neonatal period/GM pregnancy	Preeclampsia/eclampsia, prolonged labor/dystocia, Cesarean delivery, surgical complications, postpartum hemorrhage	Fetal macrosomia, shoulder dystocia/birth injury, polycythemia, neonatal hypoglycemia, respiratory distress syndrome, jaundice, perinatal mortality
Long-term, increased risk of	DM II, cardiovascular disease, obesity, renal disease, malignancies	Obesity, DM I or II, cardiovascular disease

## Screening & diagnosis

2-step screening process (for most pregnant clients):

- 1-hour glucose tolerance test (GTT) at 24–28 weeks
- Follow up with 3-hour GTT if glucose elevated on 1 hour

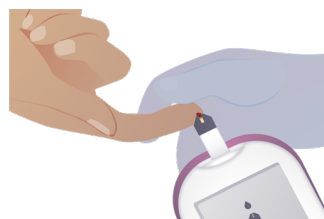
## Postpartum screening

2-hour GTT at 6–12 weeks postpartum + every 3 years for detection of DM II.

GDM usually resolves after pregnancy.

## Home glucose monitoring

Clients diagnosed with GDM should monitor their blood sugar upon waking each morning and after each meal, for the remainder of the pregnancy.



## Treatment

Goals: Maintain euglycemia and prevent complications.

First-line therapy:

### Diet

- Nutritional counseling
- Personalized meal plan

### Exercise

- 30 min/day at least 5 days/week
- Moderate-intensity cardio, plus light weight training

If inadequate glycemic control despite lifestyle measures:

### Insulin therapy

Personalized dose SubQ self-injection

### Oral hypoglycemics

Glyburide and metformin increasingly prescribed (no oral agent currently FDA-approved for use in GDM).