

# Birth Defect Fact Sheet

## Birth Defect Research for Children

# Gestational Diabetes

### What is Gestational Diabetes?

Gestational diabetes means that high blood sugar is found in an expectant mother beginning around the 24<sup>th</sup> week of pregnancy. This condition can happen even though the expectant mother did not have diabetes before pregnancy. Untreated gestational diabetes can cause problems for both the mother and baby.



**BIRTH DEFECT RESEARCH  
FOR CHILDREN, INC**

# Gestational Diabetes



## What causes Gestational Diabetes?

In some women, pregnancy hormones block insulin from controlling blood sugar. As the pregnancy continues, the blood sugar over-nourishes the baby resulting in excess growth and other problems.

## How do you know if you have Gestational Diabetes?

Often, there are no symptoms and gestational diabetes is diagnosed through a routine blood test.

Some pregnant women, however, have symptoms which can include blurred vision, fatigue, frequent infections, increased thirst, increased urination, nausea and vomiting (not ordinary morning sickness of pregnancy) and weight loss even though the appetite is increased.

## Risk factors for Gestational Diabetes?

You are more likely to develop GD if you:

- Are older than 25
- Have a family history of diabetes
- Have given birth to a baby weighing more than 9 pounds
- Have high blood pressure
- If you are black, Hispanic, American Indian, Asian or a Pacific Islander
- Were overweight before you became pregnant
- Had a stillborn baby of unknown cause

## Possible effects of Gestational Diabetes on your unborn child?

Most women with gestational diabetes will give birth to healthy babies if they are

treated to maintain good control of blood sugar throughout pregnancy.

If the blood sugar is not controlled, a pregnant woman with gestational diabetes is more likely to have a large baby increasing the chance of problems at birth including birth injury and/or delivery by C-section.

Other risks to the baby include hypoglycemia (low blood sugar); neonatal jaundice (a condition that causes yellowing of the baby's skin and the whites of their eyes); respiratory distress syndrome (baby has trouble breathing) and low calcium and magnesium levels in the baby's blood.

Uncontrolled gestational diabetes can also cause an increased risk of a condition called preeclampsia, a sudden rise in blood pressure that can be serious and lead to early delivery.

## How is Gestational Diabetes treated?

Treatments of GD include: frequent monitoring of blood sugar and urine to make sure blood sugar is under control. It is also important to follow guidelines for diet and exercise to control weight as well as blood sugar levels. The doctor will also monitor blood pressure levels. It may be necessary to take insulin or oral medications to control blood sugar.

## What's is in the future for a mother with Gestational Diabetes?

Blood sugar levels usually return to normal after the baby is born. But women with gestational diabetes should be monitored

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because they are more likely to develop type 2 diabetes 5-10 years after delivery.

**Fact Sheet by:**

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