Gestational diabetes develops during pregnancy (gestation). Like other types of diabetes, gestational diabetes affects how your cells use sugar (glucose). Gestational diabetes causes high blood sugar that can affect your pregnancy and your baby's health.

Any pregnancy complication is concerning, but there's good news. Expectant moms can help control gestational diabetes by eating healthy foods, exercising and, if necessary, taking medication. Controlling blood sugar can prevent a difficult birth and keep you and your baby healthy.

In gestational diabetes, blood sugar usually returns to normal soon after delivery. But if you've had gestational diabetes, you're at risk for type 2 diabetes. You'll continue working with your health care team to monitor and manage your blood sugar.

Causes

Researchers don't know why some women develop gestational diabetes. To understand how gestational diabetes occurs, it can help to understand how pregnancy affects your body's glucose processing.

Your body digests the food you eat to produce sugar (glucose) that enters your bloodstream. In response, your pancreas — a large gland behind your stomach — produces insulin. Insulin is a hormone that helps glucose move from your bloodstream into your body's cells, where it's used as energy.

During pregnancy, the placenta, which connects your baby to your blood supply, produces high levels of various other hormones. Almost all of them impair the action of insulin in your cells, raising your blood sugar. Modest elevation of blood sugar after meals is normal during pregnancy.

As your baby grows, the placenta produces more and more insulin-blocking hormones. In gestational diabetes, the placental hormones provoke a rise in blood sugar to a level that can affect the growth and welfare of your baby. Gestational diabetes usually develops during the last half of pregnancy — sometimes as early as the 20th week, but generally not until later.

Treatments and Drugs

It's essential to monitor and control your blood sugar to keep your baby healthy and avoid complications during pregnancy and delivery. You'll also want to keep a close eye on your future blood sugar levels. Your treatment strategies may include:

- Monitoring your blood sugar. While you're pregnant, your health care team may ask you to check your blood sugar four to five times a day — first thing in the morning and after meals — to make sure your level stays within a healthy range. This may sound inconvenient and difficult, but it'll get easier with practice.
As an added bonus, regular exercise can help relieve some common discomforts of pregnancy, including back pain, muscle cramps, swelling, constipation and trouble sleeping. Exercise can also help get you in shape for the hard work of labor and delivery.

**Medication.** If diet and exercise aren't enough, you may need insulin injections to lower your blood sugar. Between 10 and 20 percent of women with gestational diabetes need insulin to reach their blood sugar goals. Some doctors prescribe an oral blood sugar control medication, while others believe more research is needed to confirm that oral drugs are as safe and as effective as injectable insulin to control gestational diabetes.

**Close monitoring of your baby.** An important part of your treatment plan is close observation of your baby. Your doctor may monitor your baby's growth and development with repeated ultrasounds or other tests. If you don't go into labor by your due date — or sometimes earlier — your doctor may induce labor. Delivering after your due date may increase the risk of complications for you and your baby.

It's stressful to know you have a condition that can affect your unborn baby's health. But the steps that will help control your blood sugar level — such as eating healthy foods and exercising regularly — can help relieve stress and nourish your baby and help prevent type 2 diabetes in the future. That makes exercise and good nutrition powerful tools for a healthy pregnancy as well as a healthy life — for you and your baby.

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