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## Gestational Diabetes

## The Health Education Network



The Health Education Network is a Program of the Minority Organ Donation Education Program, Inc.

## Introduction

Approximately 3 to 5 percent of all pregnant women in the United States are diagnosed as having gestational diabetes.

### ***What is gestational diabetes?***

Diabetes (actual name is diabetes mellitus) of any kind is a disorder that prevents the body from using food properly. Normally, the body gets its major source of energy from glucose, a sugar that comes from foods high in carbohydrates (e.g., table sugar or other sweeteners such as honey, molasses, jams, and jellies, soft drinks, and cookies), or from the breakdown of complex carbohydrates such as starches produces a variety of hormones vital to the preservation of pregnancy.

### ***What causes it ?***

Hormones such as estrogen cortisol, and human placental lactogen (HPL) have a blocking effect on insulin. This effect usually begins about midway (20 to 24 weeks) through pregnancy. The larger the placenta grows, the more these hormones are produced, and the greater the insulin resistance becomes. In most women the pancreas is able to make additional insulin to overcome the insulin resistance. When the pancreas makes all the insulin it can and there still isn't enough to overcome the effect of the placenta hormones, gestational diabetes results.

### ***How does gestational diabetes differ from other types of diabetes?***

**There are several different types of diabetes.** Gestational diabetes begins during pregnancy. Another type is referred to as juvenile onset diabetes (in children) or Type I (in young adults). These individuals usually develop their disease before age 20. People with Type I diabetes must take insulin by injection every day. Approximately 10 percent of all people with diabetes have Type I (also called insulin dependent diabetes).

Type 2 diabetes or non-insulin dependent diabetes (formerly called adult onset diabetes) is also characterized by high blood sugar levels, but these patients are often obese and usually lack the classic symptoms (fatigue, thirst, frequent urination, and sudden weight loss) associated with Type I diabetes. Many of these individuals can control their blood sugar levels by following a careful diet and exercise program, given to them by their doctor. People with Type 2 diabetes account for roughly 90 percent of all diabetics.

### ***Who is at risk for developing gestational diabetes and how is it detected?***

- Any woman might develop gestational diabetes during pregnancy. Some of the factors associated with women who have an increased risk are: obesity, a family history of diabetes, having given birth previously to a very large infant, a stillbirth, or a child with a birth defect; or having too much amniotic fluid.

- Also, women who are older than 25 are at greater risk than younger individuals.
- Although a history of sugar in the urine is often included in the list of risk factors, this is not a reliable indicator of who will develop diabetes during pregnancy.

### ***How does gestational diabetes affect pregnancy and will it hurt my baby?***

The complications of gestational diabetes are manageable and preventable. The key to prevention is careful control of blood sugar levels just as soon as the diagnosis of gestational diabetes is made.

You should be reassured that there are certain things gestational diabetes does not usually cause. Unlike Type I diabetes, gestational diabetes generally does not cause birth defects. For the most part, birth effects originate sometime during the first trimester (before the 13th week) of pregnancy. The insulin resistance from the hormones produced by the placenta does not usually occur until approximately the 24th week. Therefore, women with gestational diabetes generally have normal blood sugar levels during the critical first trimester.

***Source: National Institute of Child Health & Development. Health Information & Media Publications***