



**Health
MATTERS**



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GESTATIONAL DIABETES: CONTROLLING YOUR SUGAR DURING PREGNANCY

Gestational diabetes is a temporary condition in which the body of a pregnant woman doesn't produce enough insulin to deal with blood sugar levels. Sometimes, it is also referred to as glucose intolerance or carbohydrate intolerance.

Diabetes is what happens when there are abnormally high levels of sugar in our blood. Basically, the body's digestive system breaks down most of the food we eat into a type of sugar called glucose. The glucose enters the bloodstream, where (with the help of insulin, a hormone made by the pancreas) it is used as fuel. However, if the pancreas doesn't produce enough insulin – or the body's cells have a problem responding to the insulin – too much glucose remains in the bloodstream instead of moving into the cells to get converted to energy.

When you're pregnant, hormonal changes can make your cells less responsive to insulin. For most expectant moms, this isn't a problem: When the body needs additional insulin, the pancreas increases its production. But if your pancreas doesn't keep up with the increased insulin demand during pregnancy, your blood glucose levels will increase, resulting in gestational diabetes.

Most women with gestational diabetes don't remain diabetic after the baby is born. However, once you've had gestational diabetes, you're at higher risk for getting it again during a future pregnancy and for developing diabetes later in life.

THE SIGNS AND SYMPTOMS OF GESTATIONAL DIABETES GENERALLY INCLUDE:

- Unusual thirst
- Frequent urination
- Fatigue
- Nausea
- Frequent infections of bladder, vagina and skin
- Blurred vision

HOW WILL I KNOW IF I HAVE GESTATIONAL DIABETES?

Gestational diabetes usually has no symptoms. That's why almost all pregnant women have a glucose-screening test between the 24th and 28th week of pregnancy.

However, if you're at high risk for diabetes or are showing signs of it, your physician will recommend this screening test at your first prenatal visit and then repeat the test again at 24 to 28 weeks if the initial result is negative.

All expectant mothers should be tested for gestational diabetes at some point during their pregnancy. Pregnant women who are overweight, older than 35, or have a family history of diabetes may be tested earlier and more frequently.

The biggest part of treating gestational diabetes is controlling your blood sugar levels. Some of the things you and your doctor can do to control those levels are closely monitoring the pregnancy, self-monitoring of blood glucose levels, and diet and exercise management.

With proper care and treatment, women with gestational diabetes can have healthy babies, and the diabetes usually disappears after the delivery.

**If you are concerned about gestational diabetes or are facing a medical decision,
Best Doctors is here to help.**

Call 1-866-904-0910 or visit www.bestdoctors.com/members.

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diagnosis, and 68% see a
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