

Gestational Diabetes and You

By Maria Pari-Keener, MS RD of Maternal Health Matters

What is gestational diabetes?

Let's say you eat some pasta, a carbohydrate. Your digestive system will break that pasta down into glucose (another word for sugar) and send that sugar into your bloodstream.

Meanwhile, your pancreas starts producing a hormone called insulin. Insulin is supposed to transport that sugar out of your blood and into your muscles or your brain-wherever that sugar energy is needed. Around the twenty-seventh week of pregnancy, your placenta increases its own hormone production, and sometimes these placental hormones cause a glitch in your system-they compromise your insulin's power to push sugar out of your blood. That glitch is called gestational diabetes, and it means sugar is lingering in your bloodstream, a potentially dangerous state of affairs. The good news is gestational diabetes can be managed through a combination of strategies including meal planning, exercise, blood sugar level testing, and, if your doctor recommends, insulin injections.

Does this mean I have diabetes?

If you're talking about type II diabetes, the answer is no. Gestational diabetes is a temporary form of diabetes. It goes when your placenta goes. After delivery your blood sugar will return to normal almost immediately. However, gestational diabetes does indicate a higher probability that you will develop diabetes later in life. In a sense you just received a heads up from your body that you could be at risk for diabetes down the road. You can minimize that risk by eating right, exercising regularly, and

keeping your weight within an ideal range.

Will my baby have diabetes?

No, your baby will not be born with diabetes. However, recent research has found that babies born to mothers who had gestational diabetes may indeed be at a higher risk for developing diabetes later in life. In any case, there are other more pressing potential complications for your baby. Because your baby is getting too much sugar and storing that sugar as fat, your baby may become too big to be delivered naturally, a condition called macrosomia (or big baby). Macrosomia can also induce premature labor, and preemies are at risk for respiratory distress syndrome due to immature lungs. Less serious possible problems for your baby include hypoglycemia (low blood sugar) and jaundice. After delivery, your baby's sugar levels will be checked for hypoglycemia and your baby may be given glucose water. Jaundice, or yellowing of the skin, may also occur in babies born to moms with gestational diabetes. A few days under bililights, special lights that help the jaundice clear up, are usually all that is needed.

How is gestational diabetes treated?

There are three parts to your program: nutrition, exercise, and self-monitoring of blood glucose levels. For some women, a diet and exercise regimen may not be enough in which case your doctor will order insulin therapy.

Should I stop eating carbohydrates?

No. You and your baby need to eat carbohydrates for the energy and nutrients they provide. You will need to make better choices about what kinds of carbs you eat, when you eat them, and in what quantities. A registered dietitian can help you devise healthy eating solutions to suit your lifestyle.

What about exercise?

Exercise helps normalize blood sugar. When you exercise, your body burns up some of that extra glucose in your bloodstream. Walking, swimming, and stationary bike-riding are good examples of safe, low-impact exercises. Pre-natal exercise classes may be available in your neighborhood. Whatever exercise you choose, remember to follow ACOG* guidelines. Stay hydrated. Keep your heart-rate below 140, and stop exercising immediately should you experience any unusual pain. Don't forget to clear any exercise plans with your doctor first.

How do I know if all this healthy eating and exercising is working?

You will be monitoring your blood sugar levels on a daily basis. It's a simple procedure involving just a small amount of blood. You will be using a machine called a glucometer. Your doctor will teach you to use the glucometer.

Learning you have gestational diabetes may seem scary at first. We hope this introduction has helped you understand your gestational diabetes. Understanding the condition is the first step in a successful gestational diabetes management program.

Maternal Health Matters

MHM is dedicated to optimizing the health of pre-natal and post-partum women with customized nutrition and exercise programs backed by sound science, not sound bytes. At MHM we empower women through nutrition education, helping moms make smarter eating choices. Our private practice focuses on maternal food-related concerns such as post-partum weight loss, gestational diabetes, and breastfeeding. Our group fitness classes are designed to help expectant mothers stay limber and feel good, and to help post-partum moms tone up and lose that baby fat.

MHM is conveniently located in Park Slope, Brooklyn near the N, R and F trains. Call or email today to make an appointment or inquire about group classes or speaking engagements.

Maternal Health Matters

718.832.7182

info@maternalhealthmatters.com

* American College of Obstetrics and Gynecology. (www.acog.org)