



## Excellent Maternity Care

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## Gestational Diabetes Informed Choice

### *What is Gestational Diabetes?*

Gestational diabetes is decreased glucose tolerance that begins during pregnancy. Increased blood sugar levels in the mom are transferred to the baby by the placenta which causes high levels of insulin in the baby. Extra glucose is stored in the baby's body as fat. The CDC estimates 1-14% of the U.S. pregnant population is affected by gestational diabetes.

### *Am I at risk for gestational diabetes?*

Risk factors for developing gestational diabetes include:

- ❖ An immediate family member with Diabetes
- ❖ Obesity(7-9)
- ❖ Having more than 3 children(7-9)
- ❖ History of abnormal glucose metabolism(7-9)
- ❖ Previous baby over 9 lbs.(7-9)
- ❖ Age over 35(7-9)
- ❖ Certain complications of pregnancy
- ❖ High blood pressure
- ❖ Tobacco or drug use
- ❖ Being of Native American, Latino, Indian, African-American, Asian, or Filipino descent.

**50% of women who develop gestational diabetes do not have any of the above risk factors.**

### *If I have gestational diabetes, how can it affect me and my baby?*

Women with gestational diabetes have a higher incidence of the following complications:

- ❖ Developing preeclampsia (1,2,3)
- ❖ Having a cesarean section (1,2,3)
- ❖ Tearing at birth
- ❖ Excessive bleeding at birth
- ❖ Having gestational diabetes in future pregnancies
- ❖ 7x Increased risk of developing type II diabetes later in life (6)
- ❖ Higher incidence of high Blood Pressure (1)

Infants born to mothers with gestational diabetes are at higher risk for the following complications:

- ❖ Being very large (1,2,3)
- ❖ Shoulder dystocia(2,3)
- ❖ Birth injuries
- ❖ Hypoglycemia (1,2,3)
- ❖ Obesity later in life
- ❖ Fetal malformations
- ❖ Other potentially life threatening complications

### *Are there any symptoms?*

Sometimes there are symptoms associated with gestational diabetes, however they are commonly masked by normal symptoms of pregnancy. Most often, there are no symptoms. When present, they may include:

- ❖ Glucose in the urine
- ❖ Excessive thirst(3)
- ❖ Frequent urination(3)
- ❖ Slow healing(3)
- ❖ Excess fatigue(3)
- ❖ Blurred vision(3)
- ❖ Tingling or numbness in hands and/or feet
- ❖ Heart palpitations(3)
- ❖ Sweating(3)
- ❖ Headaches(3)

❖ Yeast infections (3)

❖ Confusion/Tiredness/Distracted(3)

### *How can I prevent gestational diabetes? How can I treat it if I have it?*

**A healthy and balanced diet that is rich in protein, fresh fruits, and vegetables AND daily exercise may significantly reduce your risk of developing this condition, and can significantly reduce complications related to gestational diabetes (12). Uncommonly, severe cases of gestational diabetes may require treatment with insulin. If insulin is required, transfer of care to an in hospital physician is necessary. The CDC recommends that any woman who tests positive for gestational diabetes be tested for Type II diabetes after birth (1).**

### *What testing options are available for me?*

ACOG (American Congress of Obstetricians and Gynecologists) recommends that ALL women be tested(12). There are two ways that you can choose to screen for gestational diabetes:

1. 50g glucose load: This test is the standard of care in our community and is recommended by ACOG. This test requires a blood draw to check your blood sugar levels after drinking a glucola, a flat soda with 50g glucose load (12)
2. At Home Meal: This test requires you to eat a meal containing 50g sugar, or 100g carbs. You then test your sugar levels at home with a glucometer. We can also draw your blood 1 hour after this meal to complete this test. Although, not the community standard, this test is appropriate.
3. Continued at home monitoring: If blood sugars are abnormal, the CDC recommends continuing to monitor this at home along with appropriate diet, exercise, and lifestyle changes (1). This is done after fasting, before, and after meals with a glucometer and a diet log. This is recommended for follow up testing.

\*\*\*If you screen positive: Diagnostic testing is recommended by ACOG when women screen positive(12). This test is done at St. Charles lab. It involves fasting for 12 hours, drinking a glucola of 100g glucose, and three consecutive blood draws at 1, 2, and 3, hours after drinking (12).

### *How accurate is testing?*

Unfortunately, there is not an extremely accurate screening test for gestational diabetes at this time. The best method, time, and ‘population’ to test have not been concluded at this time(11). One mega study that reviewed 26 studies showed the 50 g glucose test will correctly identify 76% of women who *have* it, and will falsely identify 24% of women who *don't* have it(10). Some statistics show that up to 75% of women *who have no symptoms* of gestational diabetes, but screen positive, never develop the condition. Since half of the women with gestational diabetes have no risk factors, and symptoms are rare, it is recommended that all women be screened in pregnancy.

#### Sources:

1. CDC online information: <http://www.cdc.gov/pregnancy/diabetes-gestational.html>.
2. Bellamy L, Casas JP, Hingorani AD, Williams D. [Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis](#). *Lancet* 2009;373(9677):1773-9.
3. CDC handout for gestational diabetes: [http://www.cdc.gov/pregnancy/documents/Diabetes\\_and\\_Pregnancy508.pdf](http://www.cdc.gov/pregnancy/documents/Diabetes_and_Pregnancy508.pdf)
4. Wendland EM, Torloni MR, Falavigna M, Trujillo J, Dode MA, Campos MA, et al. Gestational diabetes and pregnancy outcomes—a systematic review of the World Health Organization (WHO) and the International Association of Diabetes in Pregnancy Study Groups (IADPSG) diagnostic criteria. *BMC Pregnancy Childbirth* 2012;12:23. [CrossRef](#) [PubMed](#)
5. Wong T, Ross GP, Jalaludin BB, Flack JR. The clinical significance of overt diabetes in pregnancy. *Diabet Med* 2013;30(4):468-74. [CrossRef](#) [PubMed](#)

6. Dabelea D, Mayer-Davis EJ, Lamichhane AP, D'Agostino RB Jr, Liese AD, Vehik KS, et al. Association of intrauterine exposure to maternal diabetes and obesity with type 2 diabetes in youth: the SEARCH Case-Control Study. *Diabetes Care* 2008;31(7):1422-6. [CrossRef](#) [PubMed](#)

7. King H. Epidemiology of glucose intolerance and gestational diabetes in women of childbearing age. *Diabetes Care* 1998;21(Suppl 2):B9-13. [PubMed](#)

8. Solomon CG, Willett WC, Carey VJ, Rich-Edwards J, Hunter DJ, Colditz GA, et al. A prospective study of pregravid determinants of gestational diabetes mellitus. *JAMA* 1997;278(13):1078-83. [CrossRef](#) [PubMed](#)

9. Hunsberger M, Rosenberg KD, Donatelle RJ. Racial/ethnic disparities in gestational diabetes mellitus: findings from a population-based survey. *Womens Health Issues* 2010;20(5):323-8. [CrossRef](#) [PubMed](#)

10. Analysis of 26 studies on GDM testing: <http://www.ncbi.nlm.nih.gov/pubmed/22260369>

11. Article for moms all about GDM: <http://evidencebasedbirth.com/gestational-diabetes-and-the-glucola-test/>

12. ACOG Guidelines: <http://www.aafp.org/afp/2014/0915/p416.html>



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*Gestational Diabetes Informed Choice:*

I have read the handout titled “Gestational Diabetes Informed Choice” and have discussed the contacts with my midwives at Legacy Midwifery LLC. I have had an opportunity to ask any questions regarding the information on this form with my midwives, and am satisfied with the information presented to me both verbally and in written form. I understand that diabetes of any kind requiring insulin risks me out of midwifery care. Kelsey Spanbauer and/or Tiffany Seiders has explained to me the risks and benefits of all choices listed below, and I have discussed them with the baby’s father/my partner. I agree to be honest about my blood sugar numbers if I choose to monitor my blood sugars with a glucometer at home. I realize that falsifying results from at-home testing will interfere with my midwives’s ability to assess my condition and risk level, and release her from all responsibility regarding at-home testing. I understand that my midwives’ role is to interpret these results and make appropriate suggestions to me; I take full responsibility for all results and outcomes related to my choice regarding gestational diabetes testing and release Kelsey Wright, CPM, LDM, and Tiffany Seiders, CPM, LDM, and associated staff/students from all liability of said outcomes. I understand the risks and benefits of accepting and/or declining to screen for gestational diabetes and I choose to:

- Accept to screen for gestational diabetes by drinking the 50g glucose (option 1)
- Accept to screen for gestational diabetes at home after eating a meal of 100g carbs or 50g sugar (option 2)
- Decline all screening options for gestational diabetes at this time.

Mother’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Midwife’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

