



Gestational Diabetes Mellitus

What is Gestational Diabetes Mellitus?¹

- Gestational diabetes mellitus (GDM), otherwise known as gestational diabetes, is high blood sugar that is first diagnosed during pregnancy. This is different than women who have already been diagnosed with diabetes and become pregnant.
- Without treatment, GDM can increase the risk of:
 - ~ miscarriage or preterm birth
 - ~ pre-eclampsia for the mother (a dangerous increase in blood pressure)
 - ~ prolonged yellowing of the baby's skin and eyes (jaundice)
 - ~ large-sized babies (macrosomia)
 - ~ delivery complications due to the larger size of the baby
 - ~ obesity and developing diabetes later in life for the baby

Changes by the American Diabetes Association to screening guidelines for Gestational Diabetes will reduce health risks to mothers and babies.

Under the new diagnostic criteria, as many as 18% of pregnancies may be identified with Gestational Diabetes.²

See back for changes in guidelines.

What are the risk factors for developing Gestational Diabetes?¹

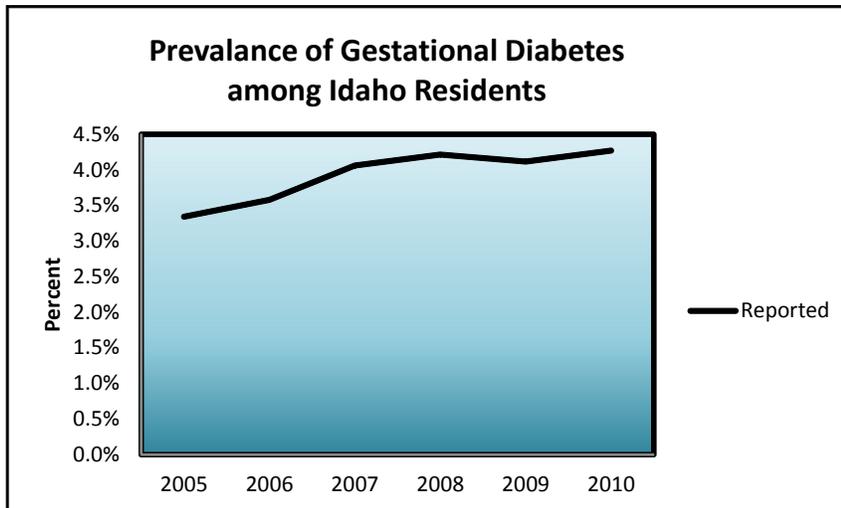
- Gestational diabetes is more common in:
 - ~ African American, Hispanic and American Indian women
 - ~ overweight and obese women
 - ~ women with a family history of diabetes
 - ~ women older than 25
 - ~ women who had gestational diabetes in a past pregnancy
 - ~ women who had a stillbirth or previous baby weighing over 9 pounds

Who is at risk for developing type 2 diabetes after Gestational Diabetes?

- Immediately after pregnancy, 5% to 10% of women with GDM are found to have diabetes, usually type 2.²
- GDM typically goes away after giving birth, but women who had gestational diabetes have a 35% to 60% chance of developing type 2 diabetes within the next 10 to 20 years.²
- Women who have had GDM are 7 times more likely to develop type 2 diabetes than women who have not had GDM in pregnancy.³
- Non-Caucasian and Hispanic women with a history of GDM appear to be at particularly high risk for developing type 2 diabetes.⁴
- The children of pregnancies affected by GDM may be at increased risk for obesity and type 2 diabetes compared to other children.^{5,6}

Idaho Gestational Diabetes Facts

- In 2010, 1 in 20 Idaho women who gave birth had diabetes (gestational or pre-existing).⁸
- In 2010, approximately 13,000 women reported ever being diagnosed with gestational diabetes.⁷
- In 2010, 4.3% (990) of Idaho women who gave birth had gestational diabetes.⁸



Source: Idaho Bureau of Vital Records and Health Statistics. October 3, 2011.

Prevalance of Gestational Diabetes among Idaho Residents 2010

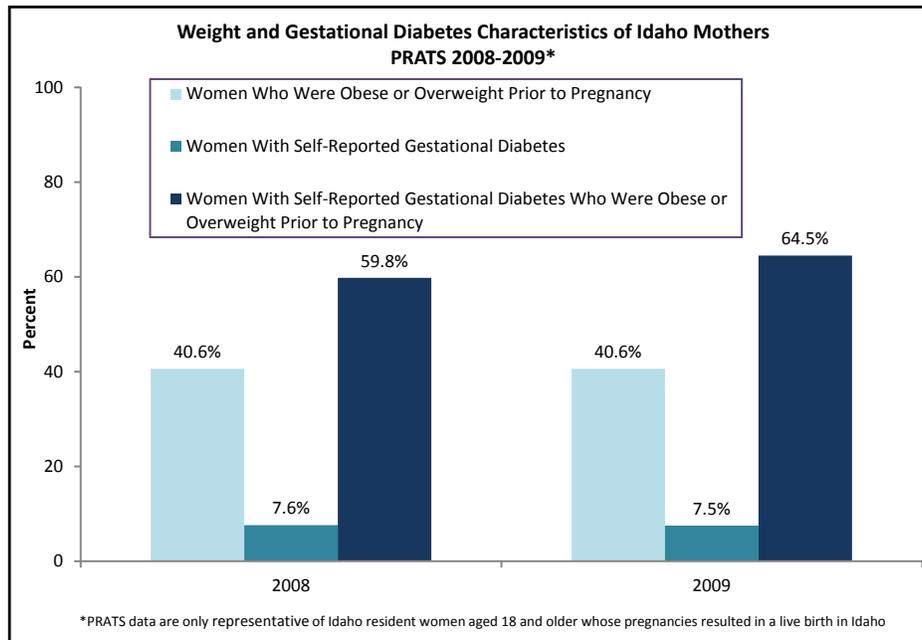
	% with GDM	Number with GDM	Total Births
Risk Factor	4.3%	990	23,202
Age			
<18	Less than 1%	4	518
18-24	2.2	170	7,690
25-34	4.6	586	12,619
35-44	9.7	226	2,339
45+	11.1	4	36
Race/Ethnicity			
White	3.9%	816	20,836
Black	5.1	9	175
American Indian or Alaska Native	5.7	23	407
Asian or Pacific Islander	9.6	41	429
Other Race/Multiple Race	7.5	97	1,288
Race - Not Stated	NA	4	67
Non-Hispanic	3.9	767	19,528
Hispanic	6.1	221	3,637
Ethnicity - Not Stated	NA	2	37
Education			
8th Grade or Less	8.5%	66	11,081
9-12th Grade, but no Diploma	4.3	110	8,954
GED or Diploma	4.0	238	2,022
Some College, No Degree	4.3	367	886
College Graduate	4.0	203	180
Not Stated	NA	6	79



Percentages are based on records with gestational diabetes stated on birth certificate.
Source: Idaho Bureau of Vital Records and Health Statistics. October 3, 2011.

Idaho Gestational Diabetes Facts (continued)

- Gestational diabetes is more common in women who had a baby weighing over 9 lbs.¹
- Since 2005, approximately 1 in 16 infants born in Idaho were 9 lbs or greater at birth.⁸
- In 2009, roughly 2 out of 3 Idaho women with self-reported gestational diabetes were obese or overweight prior to pregnancy.⁹
- Among all women in Idaho, roughly 2 out of 5 were obese or overweight prior to pregnancy.⁹



National Gestational Diabetes Facts

- 1 in 16 pregnant women have diabetes (gestational or pre-existing).¹⁰
- 32% of pregnant women are not screened for gestational diabetes during pregnancy.¹¹
- Gestational diabetes increases hospital costs by 18%, while pre-existing diabetes during pregnancy increases hospital costs by 55%.²
- 36% of gestational diabetes-related costs and 43% of pre-existing diabetes during pregnancy costs are covered by government programs (primarily Medicaid).²

81% of women with gestational diabetes lack the recommended post-partum test for diabetes.¹¹

The 2011 Clinical Practice Recommendations are to screen women with GDM for persistent diabetes 6-12 weeks post-partum.¹³

Can women with a history of GDM lower their future risk for type 2 diabetes?

Yes, women with a history of GDM can lower their risk for type 2 diabetes later in life. The Diabetes Prevention Program Research Group showed that people at risk for type 2 diabetes were able to lower their risk for developing diabetes by weight loss through lifestyle changes – by being more active and eating healthy foods.¹²

Changes in Gestational Diabetes Mellitus Standards of Care

New 2011 Clinical Practice Recommendations ¹³	Old 2010 Clinical Practice Recommendations ¹⁴
Screen for undiagnosed type 2 diabetes at the first prenatal visit in those with risk factors, using standard diagnostic criteria.	Women at very high risk should be screened for diabetes as soon as possible after the confirmation of pregnancy, using standard diagnostic testing.
In pregnant women not known to have diabetes, screen for GDM at 24-28 weeks of gestation, using a 75-g-2h OGTT and new diagnostic cut points.	In pregnant women with greater than low risk, screen for GDM at 24-28 weeks of gestation, using a 75-g-2-h OGTT and new diagnostic cut points.
The diagnosis of GDM is made when any of the following plasma glucose values are exceeded: Fasting cut point: ≥ 92 mg/dl 1-hour OGTT cut point: ≥ 180 mg/dl 2-hour OGTT cut point: ≥ 153 mg/dl	At least two of the following plasma glucose values must be found to make a diagnosis of GDM: Fasting cut point: ≥ 95 mg/dl 1-hour OGTT cut point: ≥ 180 mg/dl 2-hour OGTT cut point: ≥ 155 mg/dl 3-hour OGTT cut point: ≥ 140 mg/dl
Screen women with GDM for persistent diabetes 6-12 weeks post-partum.	Women with GDM should be screened for diabetes 6-12 weeks post-partum and should be followed up with subsequent screening for the development of diabetes or pre-diabetes.
Women with a history of GDM should have lifelong screening for the development of diabetes or pre-diabetes every 3 years.	Women with GDM should be screened for diabetes 6-12 weeks post-partum and should be followed up with subsequent screening for the development of diabetes or pre-diabetes.

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For more information about the burden of diabetes in Idaho or to discuss ways the Diabetes Prevention and Control Program can assist you in your diabetes education and management efforts, contact the **Idaho Diabetes Prevention and Control Program** - 208.334.0648; RunnerN@dhw.idaho.gov, or the **Bureau of Vital Records and Health Statistics** - 208-334-5976.

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