

CONTEMPORARY WOMEN'S CARE
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TESTING FOR GESTATIONAL DIABETES

What is Gestational Diabetes?

Diabetes is a condition that causes high levels of glucose in the blood. While pre-gestational diabetes is present before pregnancy, gestational diabetes occurs when a woman develops diabetes during pregnancy. Both types require special care to maintain a healthy pregnancy.

Gestational diabetes affects approximately 2-10% of all pregnancies. Certain risk factors can increase the chances of developing gestational diabetes, but it also occurs in women who have no risk factors at all. Because of this, all non-diabetic pregnant women need to be screened for gestational diabetes. When you are tested will be determined by your risk factors, but most women are routinely screened between 24 and 28 weeks of pregnancy.

The Screening Test (One-Hour Glucose Challenge Test, or GCT)

You do not have to be fasting on the day of your GCT. The morning of the test you will be given a sugar solution to drink which tastes like a sweet orange soda. An hour later you will have a blood draw to check your blood glucose level. Results should be available in a few days.

If the results of your screening test are abnormal (too high), you will most likely need to return for a three-hour glucose tolerance test. This more definitive test is necessary to diagnose gestational diabetes. Just because you have a positive one-hour screening test does not necessarily mean you have gestational diabetes.

The Diagnostic Test (Three-Hour Glucose Tolerance Test, or GTT)

You need to be fasting 8 hours prior to and for the duration of the test. The test begins with a simple blood draw. You will then be given another sugar solution to drink. Blood draws are then collected every hour for the next three hours. Results should be available in a few days.

If one of your results is abnormally high you may need to repeat the test later in pregnancy and you might be advised to make some changes in your diet and exercise routine. If two or more of your readings are abnormally high you'll be diagnosed with gestational diabetes and a treatment plan will be necessary.

What happens if I'm diagnosed with Gestational Diabetes?

The treatment for gestational diabetes consists of dietary modifications, regular exercise, medication (in some cases), and daily tracking of your blood glucose levels. You may be referred to a diabetes specialist and/or a nutritionist to help you with this. You will also need closer monitoring of your pregnancy such as weekly fetal heart rate monitoring and more frequent ultrasounds to monitor your baby's growth.

Most women with diabetes are able to have a vaginal birth, but they do have a higher incidence of cesarean delivery. Also, you may need to have your labor induced before your due date. These decisions will be affected by how well your blood glucose is controlled during your pregnancy. After delivery most babies of diabetic mothers do very well, but they may need some closer monitoring in the nursery.

Fortunately, gestational diabetes only lasts for the duration of your pregnancy. It does, however, place you at a high risk of developing diabetes later in life, so we recommend that you continue to be tested regularly for diabetes after pregnancy.