



**Gestational diabetes** is a type of diabetes that develops during pregnancy. It occurs when hormones affect how a woman's body makes or uses insulin. Insulin is a hormone produced by the pancreas that helps the body use carbohydrates in food as energy in the body. With gestational diabetes, insulin does not move glucose into the cells properly. As a result, glucose accumulates in the blood, causing blood sugar levels to rise. Gestational diabetes usually occurs during the second half of pregnancy due to the placenta producing more pregnancy hormones. As the pregnancy progresses, more hormones are produced and blood sugars often will continue to rise.

## Gestational Diabetes

*What every pregnant woman should know*



### Find out more

To learn more about gestational diabetes or diabetes management, please contact a UHS diabetes educator at one of the locations listed below. You must have a referral from your health-care provider to receive diabetes education.

#### UHS Diabetes and Endocrinology Center

93 Pennsylvania Avenue  
Binghamton, NY  
**(607) 763-6092**

#### UHS Chenango Memorial Hospital

Diabetes Education Program  
Norwich, NY  
**(607) 337-4040**

#### UHS Delaware Valley Hospital

Diabetes Education Program  
Walton, NY  
**(607) 865-2159**

#### UHS Nurse Direct

*8am to 8pm, 7 days a week*  
UHS Stay Healthy Center at Oakdale Mall  
**(607) 763-5555**  
**(800) 295-8088**



UHS Wilson Medical Center  
UHS Binghamton General Hospital  
UHS Physician Practices

UHS Chenango Memorial Hospital  
UHS Delaware Valley Hospital  
UHS Senior Living at Ideal

[uhs.net](http://uhs.net)



UHS Medical Group  
UHS Home Care  
UHS Foundation

UHS/LS/PS/02/17/2C

## Diagnosis

Gestational diabetes is diagnosed with a blood test in the lab. Your blood glucose level is measured after you drink a sweet beverage. Screening for gestational diabetes usually takes place between weeks 24 to 28. Women at high risk may be screened during their first trimester.

## Treatment

Most women with gestational diabetes may be able to control their blood sugar by changing their eating habits and exercising regularly. Also, monitoring blood sugars at home is helpful to see how your food, activity and pregnancy are affecting your blood sugars.

If blood sugars are not well controlled with diet and exercise, you may need to take medication or insulin to control them. You may be seen by an endocrinologist for further evaluation and treatment of your gestational diabetes.



## Gestational diabetes and your baby

Risks to the baby with untreated or uncontrolled gestational diabetes:

**Large baby** – Your baby could grow too fast and be born large. This could make delivery difficult and increase the risk of premature delivery, C-Section and breathing problems.

**Hypoglycemia** – Your baby could have low blood sugar right after birth and will be monitored closely. If the baby's blood sugar is too low he/she would receive milk/formula or IV dextrose (sugar water) to keep the blood sugar at a healthy range. Having gestational diabetes doesn't mean your baby will be born with diabetes. It is important to work closely with your healthcare providers for guidance and treatment during your pregnancy to help control your blood sugar levels.

## After delivery

After the baby is born, the baby's blood sugar will be checked and he or she will be closely monitored. In addition, your blood sugar will be checked to make sure it has returned to normal. Gestational diabetes almost always goes away after your baby is born. Gestational diabetes should not interfere with your ability to breastfeed.



Keep in mind you have a higher chance of developing gestational diabetes if you become pregnant again. In addition, women who have had gestational diabetes have an increased risk of developing Type 2 diabetes later in life. For both these reasons, be sure to discuss your gestational diabetes with your primary healthcare provider and continue to follow healthy habits after your baby is born.