



Gestational Diabetes

What is this?

Gestational (meaning pregnancy) diabetes is a condition that occurs in pregnancy in which the hormones affect how well insulin works and clears sugar from the bloodstream.

How common is this?

In Canada, this affects about 5-8% of pregnancies. It has increased over the last couple decades due to changes in maternal age, BMI, and lifestyle.

Are there risk factors?

Yes: previous diabetes in pregnancy, previous macrosomia baby, pre-diabetic, certain ethnicities (South Asian, Indigenous, African, Hispanic), age >35, BMI >30, PCOS, and corticosteroid use are a few examples.

What does this mean?

When insulin cannot clear the sugar, continuously elevated sugar levels in the bloodstream can have an effect on the pregnancy, delivery and postpartum. While there are confounding factors, there can be increased rates of congenital malformation, preterm delivery, hypertension, large-for-gestational age, cesarean section, shoulder dystocia and neonatal morbidities. It is important to note that these risks are often seen in cases in which diabetes is not controlled through diet or insulin modifications.

How is this tested for?

Your health provider will provide you with a requisition to complete the "glucose challenge test" to do between 24- and 28-weeks gestation. This involves drinking a sugary drink at the lab, and having your blood drawn an hour later. If this screen is positive, the next step is the "oral glucose tolerance test" which involves fasting the night before and two blood draws in the morning. If this is positive, your health provider will connect you with a diabetic nurse to see if the diabetes can be controlled through diet and exercise.

Can I control if I get GDM or not?

Yes, and no! There are people who are more at risk to get diabetes (example, you cannot change your age!). However, starting early in pregnancy, paying attention to your sugar intake and incorporating active movement into your day can certainly help. Staying away from sugary drinks (have an orange, not orange juice), simple sugars (store bought muffins, cookies, croissants) and pairing carbs with proteins are good practices. Your health care provider will talk more about this!

Taken from: Society of Gynecologists and Obstetricians CPG No. 393: Diabetes in Pregnancy (2019),
Association of Ontario Midwives: Gestational Diabetes Mellitus review (2017).