

Gestational Diabetes and Women

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC - safer, healthier people.

[Kathy Maddox] Welcome to this CDC women's health podcast about gestational diabetes. I'm your host, Kathy Maddox.

Gestational diabetes, also known as GDM, is a form of diabetes, or high blood sugar, that develops or is first recognized during pregnancy. Dr. Lucy England, with CDC's Division of Reproductive Health, is joining me today to talk about gestational diabetes and what can happen to a woman's health after her baby is born. Welcome, Dr. England.

[Lucy England] Thank you, Kathy.

[Kathy Maddox] Doctor England, what can happen if a woman has gestational diabetes, or GDM?

[Lucy England] Well Kathy, one of the main complications we see with GDM is having a large baby. This can result in problems, like trauma to the mother or the baby during delivery. It also increases the chances that a woman will need a cesarean section, which means she'll have a longer recovery time after birth. Having good blood sugar control during pregnancy can decrease these risks.

[Kathy Maddox] What about after pregnancy? What can happen to a woman's *future* health?

[Lucy England] Well, in most women who have GDM, the high blood sugar goes away soon after the baby's born. But in some women, diabetes doesn't go away after delivery. These women probably had diabetes before they got pregnant, but didn't even know it. They need to get care for their diabetes right away.

[Kathy Maddox] How can a woman find out if she still has diabetes after her baby's born?

[Lucy England] A woman who has GDM should have her blood sugar checked at her postpartum visit, which is usually within three months of delivery. Her doctor can order a blood sugar test to see if she still has diabetes and needs treatment. Some women will find they have high blood sugar levels, but not high enough to be called diabetes. This is called prediabetes. A woman with prediabetes has a high risk of developing diabetes in the future and needs to be followed very closely by her doctor.

[Kathy Maddox] So what about a woman whose blood sugar returns to normal after birth? Does she still need to worry about diabetes?

[Lucy England] She also needs to be concerned. Even if her blood sugar returns to normal after delivery, she still has an increased risk for diabetes in the future.

[Kathy Maddox] Is there anything a woman can do to lower her risk of developing diabetes?

[Lucy England] Fortunately, there is. Having gestational diabetes gives a woman an early warning that she has an increased risk for diabetes. And people at increased risk for diabetes can actually delay or prevent the development of diabetes by eating healthy foods, managing their weight, and increasing their physical activity. Some people, including women with a history of GDM, can cut their diabetes risk in half with these lifestyle changes.

[Kathy Maddox] How can we make these important lifestyle changes?

[Lucy England] Making lifestyle changes can be overwhelming, so remember that even small changes can be beneficial. First, make healthy food choices. Eat more vegetables, fruits, beans, lean meat, and low-fat milk or cheese. Second, try to be active at least two-and-a-half hours a week. If you're overweight, try to lose weight. Even losing 10-15 pounds can have benefits. And third, ask your doctor or nurse for help with diabetes prevention. He or she can refer you to programs for extra help with nutrition and meal planning, weight management, and physical activity.

[Kathy Maddox] What should a woman do if she was diagnosed with gestational diabetes a long time ago?

[Lucy England] Our advice is really the same as it is for women who had GDM recently. First of all, make sure your current doctors or health providers know about your GDM. It's a very important part of your medical history. Next, whether you were diagnosed recently or years ago, ask your provider to schedule regular testing for diabetes. Most women need to be tested at least every three years, but some need to be tested as often as every year. Finally, follow the advice we just discussed regarding diet, weight management, and physical activity.

[Kathy Maddox] Now why would a woman need to have regular testing for diabetes? Wouldn't she have symptoms like being thirsty, hungry, or tired that would tell her she might have it?

[Lucy England] Actually, many people with diabetes don't have any symptoms at all and don't know they have the disease. The only way to know for sure is to have a blood test for diabetes.

[Kathy Maddox] What about women who might become pregnant again? What should they do?

[Lucy England] Well first of all, it's especially important for a woman to get regular testing for diabetes if she might become pregnant again. Undiagnosed diabetes in pregnancy increases the risk of complications, like birth defects. Getting diabetes under control before becoming pregnant reduces these risks. Next, a woman who has had GDM in the past and wants to become pregnant again soon should get pre-pregnancy counseling and testing. And remember, once she becomes pregnant, it's very important for a woman with a history of GDM to get into prenatal care early.

[Kathy Maddox] Is there help for women who can't afford care?

[Lucy England] There are free or low-cost health services available. Visit www.hrsa.gov to find services in your area.

[Kathy Maddox] Thank you, Dr. England, for explaining how women who have had GDM can lower their risk for future diabetes and complications through healthy eating, physical activity, weight management, and regular testing and care. For more information on diabetes, please visit www.cdc.gov/diabetes or www.diabetes.org. For more information on women's health, visit www.cdc.gov/women. For CDC, I'm Kathy Maddox.

[Announcer] For the most accurate health information, visit www.cdc.gov, or call 1-800-CDC-INFO, 24/7.