

Script – Broadcast – No Sugarcoating It

There is a lot for women to digest during a pregnancy. One thing that can often be overlooked, however, is the possibility of gestational diabetes.

SOT: Dr. Jamie Plett, OB/GYN, OSF HealthCare

“Gestational diabetes is just like diabetes of any other sort. It's where your body doesn't produce the correct amounts of insulin to deal with the amount of glucose or sugar that's in your blood. The difference with gestational diabetes is that it happens only during pregnancy and tends to resolve after the pregnancy is over.” (:17)

According to the Centers for Disease Control and Prevention, every year, between 2% and 10% of pregnancies in the country are impacted by gestational diabetes. In her practice, Dr. Plett says she often treats as many as three or four patients with gestational diabetes a day.

The causes of gestational diabetes really aren't known. Doctors will rely on your medical history and testing to know for sure if you have gestational diabetes. Dr. Plett says if a patient had gestational diabetes during a prior pregnancy, or has multiple family members with diabetes, she will order an early glucose test. Every patient will get tested at 28 weeks if they have not been previously diagnosed.

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“There are controllable risk factors and then risk factors that are really not under your control. So genetics plays a large part in whether development of gestational diabetes will occur or not, but also things like exercise, how much weight you gained during the pregnancy, and also what types of foods you eat during the pregnancy can lead to higher risk for gestational diabetes.” (:21)

If managed properly, Dr. Plett says the risk factors associated with gestational diabetes are not any different than with any pregnancy. However, if it's not well-controlled, it can lead to a number of potential issues for the baby including pre-term birth, having low blood sugar and developing type 2 diabetes later in life. There are possible problems for the mother, too.

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“Sometimes it leads to an increase in baby's weight which can lead to things like high risk for C-section. But with the mother, again, if it's well controlled, it doesn't really change things long term except for the fact that they're at higher risk to develop diabetes later in life. But during the pregnancy, obviously it is going to depend a lot on their changing their dietary habits. Moms also have to check their sugars to see if they're within range to know what dietary habits need to be changed or what exercise can help control that.” (:29)

Typically after the mother has delivered the baby, she will return to her physician's office eight to 12 weeks later to retest and make sure the gestational diabetes is gone. If they are at a risk for developing diabetes later in life, Dr. Plett says they will follow up with their primary care physician.

As for treatment, Dr. Plett says the easiest fix is to make small dietary changes, avoid certain foods, and incorporate more exercise into your daily routine. A simple walk following dinner can make a big difference.

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“I think the biggest thing that comes away from a diagnosis of gestational diabetes is that women are frustrated that it's happened to them because a lot of times it's things that are out of their control. Also that it's very easily treatable and manageable. Most people realize that it's not as big of a deal as they think it's going to be. Some women do end up on medication, but a lot of it is a few small dietary changes, and so it's not as cumbersome as they thought it would be to treat and take care of themselves during pregnancy.” (:25)

For more information about gestational diabetes, visit [OSF HealthCare](#).