An estimated 7.4% of Missouri women were diagnosed with gestational diabetes during their pregnancies.

This fact sheet describes gestational diabetes mellitus (GDM) diagnosed during pregnancy from 2012-2014, in Missouri.

**Gestational Diabetes**
Gestational diabetes is a type of diabetes that occurs in pregnant women who did not have diabetes prior to becoming pregnant but who develop high blood sugar (glucose) levels during pregnancy. It is estimated to affect 9.2 percent of all pregnancies and typically shows up in the middle of pregnancy. Most doctors typically screen for gestational diabetes between 24 and 28 weeks of pregnancy. While the cause of gestational diabetes is still uncertain, the problem begins with insulin resistance. Insulin resistance is when the body’s cells become unresponsive to the hormone insulin. As the baby develops and grows, hormones from the placenta interfere with the mother’s insulin and make it harder for the mother to use insulin. Without enough insulin, sugar (glucose) can’t make its way from the bloodstream and into the cells to be used as energy and builds up in the blood at high levels. If untreated, high blood sugar can cause serious problems for both the mother and the baby.

**Who does Gestational Diabetes affect?**
Any woman can develop gestational diabetes; however, certain risk factors increase the chance. Risk factors for gestational diabetes include:
- Having previously given birth to a baby weighing more than 9 pounds.
Women who are diagnosed with gestational diabetes come from all backgrounds. Over 6.0 percent of women in the lowest income bracket (≤$15,000 annual income) reported GDM, as did seven percent of women in the income bracket above ($15,000 annual income), 7.5 percent of PRAMS respondents with an unintended pregnancy, and 7.7 percent of respondents who reported being in enrolled in Medicaid prior to delivery (Figure 1).

Figure 1. Prevalence of GDM by Maternal Characteristics, Missouri, 2012-2014

Among the new mothers in Missouri who reported GDM during their pregnancies, 12.0 percent were obese (95% CI: 9.4-14.6), compared to 5.5 percent (95% CI: 4.2-6.8) of women who were in the normal body mass index (BMI) range.
surveillance of blood glucose levels to ensure pregnant women maintain control over their blood sugar and are screened for type 2 diabetes after their babies are born.\(^2\)

The risk for developing type 2 diabetes after a pregnancy can be reduced with proper diet and weight management. Accordingly, the American Diabetes Association recommends that women work together with their health care provider team (doctor, obstetrician, nurse-educator and dietitian) to help manage their blood glucose levels and maintain a healthy pregnancy and healthy start for the baby.

Additionally, in 2014 (reaffirmed in 2015), the U.S. Preventive Services Task Force (USPSTF) recommended screening for GDM in asymptomatic pregnant women after 24 weeks of gestation, and concluded that current evidence is insufficient to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women prior to 24 weeks of gestation.\(^3\)

**Figure 2. Prevalence of GDM among Missouri mothers, by BMI, 2012-2014**

![Figure 2](image)

Figure 2 indicates that gestational diabetes is more prevalent among mothers with higher pre-pregnancy BMI (overweight or obese) than mothers with lower pre-pregnancy BMI (underweight or normal). This is consistent with current research literature and the professional consensus of the relationship between BMI and gestational diabetes.

**Treatment and Management**

GDM is a significant but manageable public health problem. The U.S. Centers for Disease Control and Prevention (CDC) estimates that as many as 9.2 percent of pregnant women will be diagnosed with gestational diabetes and notes that providers most often test for it during weeks 24-28 of pregnancy.\(^2\)

**Recommendations**

The American College of Obstetricians and Gynecologists (ACOG) has issued a practice bulletin on the screening and management of gestational diabetes.

- Maintain a two-step diagnostic approach, involving 2 separate glucose level tests, between weeks 24-28 of pregnancy.
- Propose new performance measures including nutritional counseling by a registered dietitian,

**Tips for Mothers Managing GDM**

1. Go to all your prenatal visits.
2. Make healthy food choices.
3. Stay physically active.
4. Follow your health care provider’s recommendation for controlling blood sugar.
5. Get tested for diabetes 6-12 weeks after your baby is born; then every 1-3 years.

Source: Centers for Disease Control and Prevention
Centers for Disease Control and Prevention, Diabetes Data and Trends, https://www.cdc.gov/diabetes/basics/gestational.html

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