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## **Informed Choice: Gestational Diabetes Screening**

**What is Gestational Diabetes?** Gestational diabetes has to do with an imbalance of glucose and insulin in the blood. Glucose is a type of sugar in your bloodstream. Glucose enters your bloodstream when you eat sugary foods or simple carbohydrates (like white rice, potatoes, bread, fruit, and juice). Your cells need a continuous supply of glucose. Insulin helps glucose move from the bloodstream into the cells of your body.

Also, in every pregnancy, the baby's placenta produces a hormone, human placental lactogen (hPL). HPL keeps insulin from doing its job. Since insulin isn't working as well, the glucose in the blood cannot get into the cells as easily. Therefore, your blood sugar levels go up a little bit. This is great for the baby, who also needs glucose to grow, and will receive the glucose from your bloodstream. It is normal for this to happen in all pregnancies so that the baby can get enough glucose to grow! It is normal for every pregnant woman's blood sugar levels to rise slightly.

We would expect to see a natural increase of blood sugar in the third trimester. This makes sense, because this is the time when your baby is growing the fastest and they need more glucose. Gestational diabetes, however, is a condition in which your blood sugar levels go too high, causing risks to you and your baby.

In our care, we both trust that some increase in levels is normal and in fact necessary for the good growth of healthy babies, and at the same time acknowledge that some people can in fact have high enough levels to cause us concern. Most of the time concerning high levels can be corrected through diet and lifestyle changes.

### **Who is at risk for Gestational Diabetes?**

**Clients with any of the following risk factors may be at risk for gestational diabetes:**

**High risk:** • BMI greater than or equal to 30, BMI greater than or equal to 25 AND has additional risk factors, Physical inactivity, Poor diet, First-degree relative (e.g. parent or sibling) with diabetes, Member of an ethnic group with a high prevalence of diabetes (African American, Latina, Native American, Asian, Pacific Islander), birthing parent who delivered a baby weighing 9 lbs or more or has previously been diagnosed with GDM, Hypertension (high blood pressure) or are on medication for hypertension, Cholesterol instability, PCOS, Other clinical conditions related to insulin resistance, Smoker, high alcohol or caffeine intake, High sugar/simple carbohydrate diet.

### **Moderate risk:**

BMI over 25 without any of the above additional risk factors, Family members outside first-degree relatives who have diabetes, Frequent yeast infections, Higher than normal levels of amniotic fluid in this pregnancy, Maternal age over 25 years old (risk highest over age 35), History of stillbirth, many miscarriages or birth defects, Periodontal disease, Mother was born with high birth weight, Carrying twins.

### **Low Risk:**

Age under 25 years, BMI of 29 or less, Member of an ethnic group with a low prevalence of GDM, No known diabetes in first-degree relatives, No history of abnormal glucose tolerance, No history of poor obstetric outcome.



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### **What are the risks of gestational diabetes?**

Here are some of the potential risks to the birthing parent:

Long labor, higher risk of developing type II diabetes later in life, Stroke, Kidney failure, Hemorrhage (bleeding after the birth), Maternal death.

### **Here are some of the potential risks to your baby:**

Not enough oxygen getting to the baby (in the womb), Large baby, Preterm birth, Shoulder dystocia (baby getting their shoulder stuck in your pelvis at birth), Newborn respiratory distress syndrome (where your baby has trouble breathing), Newborn hypoglycemia (low blood sugar levels in the baby which might mean transport to the hospital, feeding the baby glucose, trouble with breastfeeding, seizures, heart attack, and death), Baby can eventually develop type II diabetes or gestational diabetes, Stillbirth.

### **What are the options for Gestational Diabetes screening?**

**The purpose of the screening test is to determine whether or not you are at risk for gestational diabetes. Below is a list of different options that you can choose from for screening and testing. .**

**Option 1:** Glucose Challenge Test (GCT): This screen involves: drinking 50 grams of Glucola (which is a sugary drink) at your 28 week prenatal visit, waiting one hour, having your blood drawn, and testing your glucose level. This is the medical standard for screening GD.

### **If you choose the GCT, what will we do next?**

**Based on the glucose levels that we get from the screening test, we will determine how to proceed. The following values are based on ACOG's recommendation for GD screening.**

- o If your glucose screen is lower than 140, then no further testing is needed.
- o If your glucose screen is 140 or higher, we will need to do further testing to diagnose. The standard for diagnostic testing is the three hour fasting oral glucose tolerance test (OGTT), described next.

**OGTT 100 gram diagnostic testing:** This test would be the follow up if you do not pass the GCT.

Three hour fasting oral glucose tolerance test (OGTT): This is the medical model standard of care for gestational diabetes testing. The OGTT involves: Fasting for 12 hours, going to the lab to get your blood drawn, drinking 100 grams of Glucola (a sugary drink), and having your blood drawn again every hour for three hours.

### **The Current values from the ADA to diagnose gestational diabetes with the 100 gram OGTT are:**

- If the fasting glucose level is 95 mg/dl or higher = positive
- If one hour after drinking the 100g of Glucola level is 180 mg/dl or higher = positive
- If two hours -after drinking the 100g of Glucola level is 155mg/dl or higher = positive
- If three hours after drinking the 100g of Glucola level is 140mg/dl or higher = positive
- If two or more of these four tests are positive, then this is considered positive for gestational diabetes.



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### **Option 2:**

**OGTT: Diagnostic Testing: 75 gram** Oral glucose tolerance test (OGTT): This is the medical model standard of care for gestational diabetes testing. This would replace the GCT and 100 g OGTT. The 75 gram OGTT involves: Fasting for 12 hours, going to the lab to get your blood drawn, drinking 75 grams of Glucola (a sugary drink), and having your blood drawn again at 1 hour and 2 hours after drinking the drink.

**The Current values from the ADA to diagnose gestational diabetes with the 75 gram OGTT are:**

- If the fasting glucose level is 92 mg/dl or higher = positive
- If one hour after drinking Glucola level is 180 mg/dl or higher = positive
- If two hours -after drinking Glucola level is 153mg/dl or higher = positive
- If two or more of these tests are positive, then this is considered positive for gestational diabetes.

**Option 3:** At home testing/self monitoring. This involves testing your glucose with a glucometer (we will provide the glucometer, but you will be responsible for the strips), at home several times daily for 3+ days. You would be doing a fasting (first thing in the morning) and either 1 or 2 hours after meals. We will also have you do a diet diary where you record what you ate and your glucose levels you get from the finger pokes. If all number are below the threshold then you can stop after 3 days. If some of the numbers are above the threshold then we would have you continue to test for several more days.

**The ranges we are looking for with at home testing are as follows**

- If fasting glucose is 95 or above = abnormal
- 1 hour postprandial of 140 or above = abnormal
- 2 hour postprandial of 120 or above = abnormal

### **Option 4:**

Client chooses to decline standard testing/postprandial. When we do your 28 week blood draw we will run a random glucose to see what your glucose is after eating a meal. Try and eat something more sugary than usual for you. Pancakes and syrup and juice, etc. Do this two hours before your visit. This is considered declining testing but gives at least an idea of how your body is handling sugar.

### **Treatment:**

**If I am diagnosed with Gestational Diabetes can I still have a home birth?**

Clients with gestational diabetes are at higher risk of complications for both themselves and their babies. However, research has shown that people who follow the nutrition and exercise advice for diabetes and who always keep their blood sugars at a normal level are much less likely to have the problems mentioned above. The midwives in this practice are willing to continue with plans for a home birth as long as your blood sugars remain in a normal range during pregnancy. The midwives will work with you to create a diet and exercise plan to help keep your blood sugars normal. Because the placenta in the diabetic pregnancy gets older quicker, we usually recommend fetal monitoring tests starting at 40 weeks. If it is not possible to keep blood sugar in a normal range with diet and exercise, medication may be necessary which means a home birth is no longer a safe option.



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**If I am diagnosed with Gestational Diabetes what does treatment look like?**

Gestational diabetes is usually able to be treated with specific diet changes and exercise. Treatment will also include checking your blood sugar levels first thing in the morning and once after each meal (four times daily total). This is easy to do with a glucose monitor that you can get from the drugstore. We will also discuss diet changes to encourage normal blood glucose levels. Most people are able to control blood sugar levels through diet changes, supplements and exercise, but if not, you would need to see a doctor for different treatment.

**Gestational Diabetes**

**What are my choices?**

Before signing this I acknowledge that I have read and understand all of the above information. I have done my own research and asked my midwives any questions I had. I have received a copy of this informed choice form. I understand the risks of gestational diabetes, including a large baby, long labor, hypoglycemia to my newborn, shoulder dystocia, and in rare cases death of me or my baby.

From my understanding and after taking with my midwives I would consider myself

\_\_\_\_\_ Low risk for gestational diabetes

\_\_\_\_\_ Moderate risk for gestational diabetes

\_\_\_\_\_ High risk for gestational diabetes

**Please initial next to the option that you are choosing for gestational diabetes screening and sign below.**

\_\_\_\_\_ I choose Option 1 above, the standard 50g Glucose Challenge Test

\_\_\_\_\_ I choose Option 2 above, the 75g Oral Glucose Tolerance Test

\_\_\_\_\_ I choose to decline standard testing and do at home glucose monitoring as described above

\_\_\_\_\_ I choose to decline all glucose screening and testing and do a random/postprandial test.

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Print name

Signature

Date