

Gestational Diabetes Mellitus (GDM)

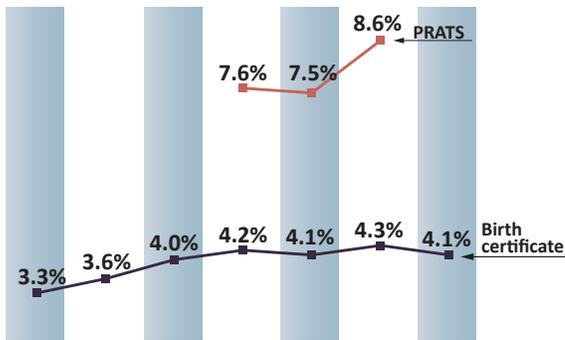
Gestational diabetes mellitus (GDM), also known as gestational diabetes, is marked by high blood sugar and is a condition first diagnosed during pregnancy.



GDM In Idaho:

Birth certificate data shows that **1 out of 25** pregnant women had a diagnosis of GDM in 2010. However, Idaho's Pregnancy Risk Assessment Tracking System (PRATS) showed that **1 out of 10** women self-reported a diagnosis of GDM in 2010.¹

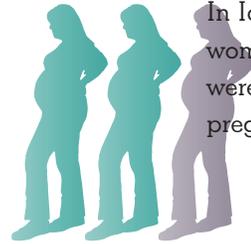
Prevalence of GDM in Idaho (2010)



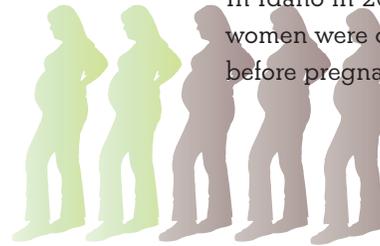
Prevalence of GDM in the U.S. ranges from **1 out of 100** to roughly **3 out of 25** pregnant women.² Accurate documentation of GDM is a national problem.

Overweight or Obese: It's A Risk Factor!

One of the highest risk factors for developing GDM is being overweight or obese.



In Idaho in 2009, roughly **2/3** women with self-reported GDM were obese or overweight before pregnancy.³



In Idaho in 2009, roughly **2/5** women were obese or overweight before pregnancy.³

Don't Let GDM Progress to Type 2 Diabetes

Revised Clinical Practice Recommendations⁴

When	Recommended Test
6-12 weeks postpartum	2-hr plasma glucose post - 75 g glucose challenge
Every 3 yrs and at first prenatal visit if postpartum test is normal	A1C, FPG, or 2-hr plasma glucose post - 75 g glucose challenge
Annually if prediabetes is diagnosed	A1C, FPG, or 2-hr plasma glucose post - 75 g glucose challenge



Under-reporting of GDM limits a care provider's ability to intervene with nutrition and weight control counseling before GDM progresses to type 2 diabetes. Under the new diagnostic criteria for GDM proposed by the American Diabetes Association, as many as 18% of pregnancies may result in GDM.⁵ The Diabetes Prevention Program Research Group showed that people at risk for type 2 diabetes were able to lower their risk for developing diabetes by weight loss through lifestyle changes—by being more active and eating healthy foods.⁶

Who's At Risk for Developing Type 2 Diabetes After GDM?

National data shows that **3 out of 5** women who had GDM develop type 2 diabetes later in life.⁷



Women who have had GDM are **7 times** more likely to develop type 2 diabetes than women who have not had GDM in pregnancy.⁸

Non-Caucasian and Hispanic women with a history of GDM have a higher risk of developing type 2 diabetes.⁹

Risk Factors for Developing GDM:



- Women who had gestational diabetes in a past pregnancy
- Overweight and obese women
- Previous baby weighing over **9** pounds
- Women with a family history of diabetes
- Women over 25 years old
- African American, Hispanic and American Indian women
- Women who had a stillbirth

GDM Can Increase the Risk Of:

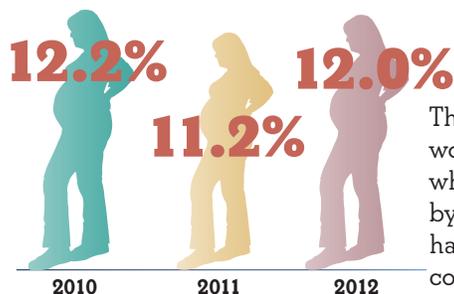
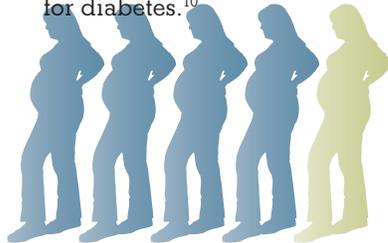
- Miscarriage or death of the baby soon after birth
- Pre-eclampsia (a dangerous increase in blood pressure)
- Prolonged yellowing of the baby's skin and eyes (jaundice)
- Large-sized babies (macrosomia) and delivery complications due to baby size
- The mother and the baby developing diabetes later in life

Knowledge is Power, Not Knowing is Costly

Nationally, roughly **1/3** pregnant women aren't screened for gestational diabetes during pregnancy.¹⁰



And, roughly **4/5** women with GDM don't receive the recommended post-partum test for diabetes.¹⁰



The percentage of women with GDM who are covered by Idaho Medicaid has remained fairly constant for three years.¹¹

18%

The increase in hospital costs incurred by GDM (national data).¹²

55%

The increase in hospital costs incurred by pre-existing diabetes during pregnancy (national data).¹²

References

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11. Idaho Medicaid Gestational Diabetes Report. 2013.

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For more information about the burden of diabetes in Idaho or to discuss ways the Diabetes Prevention and Control Program can assist you in your diabetes education and management efforts, contact the **Idaho Diabetes Prevention and Control Program** - 208.334.0648; RunnerN@dhw.idaho.gov, or the **Bureau of Vital Records and Health Statistics** - 208-334-5976.

