Gestational Diabetes Mellitus (GDM) Fact Sheet

The Bureau of Home and Community Services in partnership with Alabama Medicaid and the University of South Alabama Center for Strategic Health Innovation is excited to announce the addition of Gestational Diabetes Mellitus (GDM) to the Remote Patient Monitoring Services beginning October 1st, 2023. With the addition of Gestational Diabetes, expectant mothers (with GDM) throughout the state of Alabama have the benefit of additional support to control their diabetes and ideally improve infant birth rates.

What is the frequency and risks of Gestational Diabetes Mellitus (GDM)?

7-8% of pregnancies are complicated with GDM. GDM places a person at risk for preeclampsia *(elevated blood pressure, swelling of hands and feet, high levels of protein in the urine)*, cesarean delivery, and an increased risk for developing diabetes later in life. Babies are at increased risk of macrosomia *(higher infant birth weight)*, neonatal hypoglycemia (low blood sugar), elevated bilirubin (causes a yellowish color to skin and sometimes eyes), shoulder dystocia *(babies' shoulder is unable to pass the pelvic bone during delivery)*, birth trauma and stillbirth.

How and when are patients screened for GDM?

Patients are screened for GDM by checking blood glucose levels. If they are at higher risk, then they are screened early in pregnancy, otherwise they are screened at 24-28 weeks with an oral 50 gm glucose challenge test (OGCT). If they fail the OGCT, they then will need to do the 3-hour 100 gm glucose tolerance test (OGTT). If they are screened early and the tests are negative, they still need to be screened at 24-28 weeks.

If a person has been diagnosed with GDM, how are they monitored?

Blood glucose levels should be checked 4 times a day and reviewed weekly.
Fasting glucose <95 mg/dL
1-hour postprandial glucose <140 mg/dL or 2-hour postprandial glucose <120 mg/dL, based on provider orders.

What about diet, exercise, and other therapies?

Dietary counseling should be first line therapy. Three meals and two snacks daily are recommended to keep blood glucose levels from fluctuating along with 30 minutes of moderate-intensity aerobic exercise a least 5 days a week.

If they fail dietary therapy, then medication should be used for maternal and fetal benefit. Their provider will determine whether to treat with oral medication or insulin. Insulin is the preferred treatment.

What are the postpartum considerations?

One third of women with GDM will have diabetes or impaired glucose metabolism at postpartum screening.
Postpartum screening should be performed at 4-12 weeks postpartum with the 75 gm, 2-hour OGTT.
Thresholds are:
Fasting glucose <100 mg/dL or 2-hour glucose <140 mg/dL = normal
Fasting glucose 100-125 mg/dL or 2-hour glucose 140-199 mg/dL = prediabetes
Fasting glucose >125 mg/dL or 2-hour glucose >199 mg/dL = diabetes

https://www.alabamapublichealth.gov/alphtn/featured/2024-gestational-diabetes-training.html

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