

Disease Pattern

Gestational diabetes is defined by elevated blood sugar for the first time in pregnancy. It develops mostly during the second and third trimester and usually disappears after delivery.

2% to 14% of pregnant women, depending on ethnicity are affected (origin).

Undiagnosed or untreated gestational diabetes may impair pregnancy and the baby's health.

Screening, diagnosis, and treatment

The pregnant woman is checked by an oral glucose tolerance test (OGTT) between the 24th and 28th week of pregnancy.

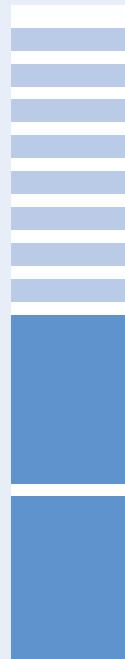
Early diagnosis gestational diabetes allows appropriate treatment, and occasionally, simple measures, such as regular physical exercises and an appropriate diet, may correct blood glucose levels.

Screening

The oral glucose tolerance test (OGTT), which is performed at a laboratory or at the doctor's practice, takes approximately 2 to 3 hours. After ingestion of oral glucose, repetitive venous blood samples are taken to measure venous glucose concentration. The pregnant woman should sit or lie quietly during the test.

Preparation:

Do not eat or drink for at least 8 hours before the test.



6 h 1. Blood collection – on an empty stomach:

The sugar level should be <5.1 mmol/l. Subsequently, drink a sugar solution (75 g glucose dissolved in exactly 3 dl of water).

7 h 2. Blood collection

1 hour after drinking: the sugar level should be <8.5 mmol/l.

8 h 3 Blood collection

2 hours after drinking: the sugar level should be ≤ 8.5 mmol/l



Gestational diabetes

PREGNANCY

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Diagnosis

If one of the three blood samples reveal elevated sugar level gestational diabetes is suspected.

Treatment

Gestational diabetes requires various measures.

The affected woman is counselled by a diabetes specialist (endocrinology or diabetes counselling) for self-monitoring of blood glucose and its documentation.

The results should regularly be reviewed by the specialist.

The majority of the affected women may control their blood glucose by changes of lifestyle, such as sticking to a diet plan provided by the dietician and moderate exercising for 30 minutes per day (e.g., walking, swimming etc.).

10% of affected women, however, will need additional therapy by insulin substitution.

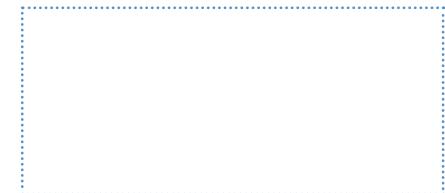
Conclusion

If gestational diabetes is controlled by diet and lifestyle measures, the pregnancy may progress uneventful until spontaneous birth at term.

If treatment with insulin is required, a specific protocol (diabetes documentation and monitoring) is necessary.

Sober blood glucose monitoring should be performed for three to six months following delivery, as there is a high risk (up to 50%) of developing type II diabetes following pregnancy.

CONTACT



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