Kona Birth & Midwifery Services

INFORMED CONSENT
GESTATIONAL DIABETES

What is Gestational Diabetes Malitis?

Gestational diabetes (GDM) is a condition commonly seen in 3-6% of pregnancies in the US. GDM is unique to pregnancy and is not a clinical disease. Certain factors increase the risk of GDM, which is the inability for the women to properly process carbohydrates.

What are the risks of GDM?

Screening is recommended at 28 weeks gestation to identify risk. A positive screening does not mean you are diabetic. Should you choose to be screened for GDM and are found to be at risk, lifestyle changes can be made to prevent further damage or later the onset of diabetes. This screening also reduces the risk of LGA babies if the mother is willing to utilize the results of the screen to change lifestyle habits and patterns. Proper management can prevent complications associated with LGA babies including shoulder dystocia, birth trauma, C-section, hypoglycemia in the newborn, jaundice and stillbirth.

Women at risk for GDM, or who are diagnosed with GDM, are also at risk for other diseases associated with GDM including pre-eclampsia and PIH. Most women with a positive GDM screen can control and manage sugar levels with diet, nutrition and lifestyle changes.

Am I at Risk?

The following are risk factors for developing gestational diabetes (check all that apply):

- ❑ Previous baby >9 pounds
- ❑ Previous baby with congenital birth defects
- ❑ Previous unexplained stillbirth
- ❑ Previous pregnancy with GDM
- ❑ Multiple miscarriages
- ❑ Family history of diabetes (parent, sibling)
- ❑ BMI exceeding 26
- ❑ Excess amniotic fluid
- ❑ Recurrent sugar in the urine
- ❑ Maternal age over 25
- ❑ Recurrent infection (especially yeast)
- ❑ Pre-eclampsia
- ❑ Chronic hypertension
- ❑ Polycystic ovarian syndrome (PCOS)
- ❑ Hispanic, Native American, Asian/Pacific Islander, or African American
- ❑ Maternal central fat distribution
- ❑ Cigarette smoking
- ❑ Multiple pregnancy
- ❑ Chronic steroid use

What are the symptoms of GDM?

Most women report no symptoms. Associated symptoms are the same as non-pregnancy related diabetes including: increased urinary output, glucose and ketones present on urine dipstick , increased thirst, prone to common infections, poor wound healing, weakness, and weight loss.

What tests are available?

ACOG recommends routine screening for all women between 26 and 28 weeks gestation. Women who are at greater risk should be screened earlier in pregnancy.

The Glucose Tolerance Test (GTT) is the most commonly used screening procedure and requires the mother to drink 50 grams of Glucola for the 1 hour test and 100 grams for the 3 hour test.

There are alternatives to the Glucola. Consult your care provider for options.

What is a positive result?

The following are the values that the American Diabetes Association considers to be abnormal during the 3 hour GTT:

Interval	Abnormal reading
Fasting	95 mg/dl or higher
One hour	180 mg/dl or higher
Two hours	155 mg/dl or higher
Three hours	140 mg/dl or higher

What can I do if I am diagnosed with GDM?

Nutrition and exercise are key to maintaining appropriate blood glucose levels. An individualized plan, including supplements, can be developed to help you monitor and manage GDM.

Will I be able to have a home birth?

If GDM can be managed through nutrition, exercise and supplementation and the glucose diary indicates levels that are managed daily, then home birth is not contraindicated.

How will this affect my baby?

Poor feeding is common in newborns born to GDM mothers. Skin-to-skin contact and breastfeeding should be initiated immediately following birth, as with any home birth.

Newborns may experience blood glucose fluctuations in the early hours after birth and should be monitored by the care provider. Approximately 30-40% of newborns born to mothers with GDM will have low blood sugar (<40). This can lead to excessive insulin production in the newborn.

Respiratory issues are also of concern and should be monitored.

Macrosomia >8 lbs occur in 1/3 of all babies born to GDM mothers and relates to excessive blood sugars and serum fat during the third trimester.

I have read and understand the risk vs. benefit of the GTT and have had an opportunity to ask questions. I am aware of the risks of GDM and have chosen to:

- ❑ Take the GTT with an alternative sugar source, not the Glucola.
- ❑ Take the GTT with the 50 gram Glucola drink.
- ❑ Decline testing.

_____ _____

Mother's signature *Date*

http://www.nlm.nih.gov/medlineplus/ency/article/000896.htm
http://www.advancedpediatricassociates.com/pediatrichealthlibrary/infantofadiabeticmother.asp