

## Glucose Testing in Pregnancy

Many people have some understanding of diabetes – that it is a disease of the endocrine system whereby the body cannot properly regulate and metabolize blood sugar. If your blood sugar is tested and the result is elevated, or hyperglycemic, you may be showing signs of diabetes. Diabetes is a condition where there is too much glucose, (sugar) in the blood, often because the pancreas has difficulty excreting enough insulin. If the levels are low, or hypoglycemic, the person may not be eating adequately.

Some women develop a condition called gestational diabetes. This is diabetes that occurs in pregnancy, and often disappears after the baby is born. There is some discussion as to whether women with gestational diabetes are at greater risk of developing diabetes later in life.

Women with gestational diabetes require close monitoring during the pregnancy. Often the condition can be kept under control through diet, exercise and frequent blood glucose checks. Rarely, the condition may warrant regular administration of insulin injections. Women with gestational diabetes, especially when poorly monitored, are at greater risk of developing urinary tract infections, yeast infections, pre-eclampsia, polyhydramnios, and birthing of a large baby. It is usually women that are diabetic prior to pregnancy that are at greater risk of stillbirth or miscarriage, and possible neonatal abnormalities.

Midwives cannot adequately care for insulin-dependant pregnant women. Shared care with a physician for the woman with diet-controlled gestational diabetes may be feasible.

You should know that the community standard for glucose testing in pregnancy is a test called the Glucose Challenge Test (GCT) that involves drinking something sweet and having blood drawn one hour later. This test is a screening test, if the levels come back elevated, then further testing is required.

Standard practice today for subsequent testing would involve a two hour Glucose Tolerance Testing (GTT). The GTT requires 8 hours of fasting, a blood draw, drinking something sweet and further blood draws at one hour and two hours after the drink.

We are not routinely requesting that women undergo any of these tests, although you may choose to have the testing done. We do monitor sugar in the urine at each visit and identify risk factors in your history. For women with risk factors, your midwife may advise you to have glucose testing.

Risk factors include:

- Previous macrosomic baby
- Family history of type II diabetes
- Obesity BMI > 30
- Spilling sugar in your urine
- Higher maternal age
- Previous baby with problems maintaining sugars
- Unexplained stillbirth
- Reoccurring miscarriages
- Abnormally high amniotic fluid
- Pregnancy induced hypertension