In Michigan:

- Between 2009 and 2010, about 1 in 40 mothers who had a live birth had pre-existing diabetes.¹
- For the same years, the proportion of mothers with live births increased to approximately 1 in 10 when gestational diabetes was also considered.¹

**Gestational Diabetes (GDM)** is high blood glucose (sugar) that is first diagnosed during pregnancy.² This differs from women with diabetes who then become pregnant.

**Women who had GDM have a 35%-60% chance of developing diabetes in the next 10-20 years.³**

**GDM Risk Factors include:**⁴⁻⁸

- Weight Status (BMI ≥ 25)
- Racial/Ethnic groups who are at increased risk of type 2 Diabetes
- Prediabetes
- Polycystic Ovarian Syndrome
- History of birth weight > 9 lbs.
- Age
- Number of Births (Parity)
- Family History of GDM
- History of GDM

**Figure 1. Prevalence of GDM among Mothers with Live Births according to Certain Risk Factors²**

- From 2009 to 2010, approximately 9% of Michigan mothers with live births had GDM.¹
- Mothers classified as obese before pregnancy had higher GDM prevalence (17.7%) than mothers of lower weight status (≤9.0%).
- A higher percentage of Hispanic mothers (17.6%) had GDM compared to non-Hispanic White (7.9%) and Black mothers (9.4%).
- Prevalence of GDM increased with age and number of births.

Source: MI PRAMS 2009-10 Combined [www.michigan.gov/prams]
Complications resulting from GDM include:9-11

Maternal
- Preeclampsia
- Infections (such as urinary tract)
- Risk of developing type 2 diabetes
- Premature and/or cesarean section delivery

Fetus/Infant
- Stillbirth/Neonatal death
- Jaundice
- Birth weight > 9 lbs. (Macrosomia)
- Respiratory distress
- Hypoglycemia
- Dystocia or birth injury
- Hyperbilirubinemia
- Risk of developing type 2 diabetes

Note:
There are several data sources used to estimate pre-existing diabetes and/or GDM. The Pregnancy Risk Assessment Monitoring System is a common source for Michigan, i.e., MI PRAMS. The survey only samples the population of women with live births. It may give an overestimation of pre-existing diabetes and GDM among mothers who had a live birth. Mothers surveyed were pregnant before 2011 ADA recommendation to change GDM screening process.

References:
1. Proportions were estimated using 2009-2010 data combined Michigan Pregnancy Risk Assessment Monitoring System, Bureau of Disease Control, Prevention, and Epidemiology, Lifecourse Epidemiology and Genomics Division, MDCH.
8. Lee A et al. Gestational diabetes mellitus: Clinical predictors and long-term risk of developing type 2 diabetes

GDM Self-Management:12
- Maintain blood glucose (sugar) levels near target while pregnant
- Check blood glucose levels as directed by health care team
- Balance meals, activity, and insulin (if ordered by doctor)
- Keep all appointments with obstetrician and specialist (if needed)
- Be sure that glucose level is checked six weeks after delivery
- Maintain a health weight after pregnancy
- Seek preconception care before another pregnancy, specifically, talking with doctor about weight and blood glucose

For more diabetes information in Michigan, please visit: www.michigan.gov/diabetes