

# Gestational Diabetes Mellitus - Michigan Update 2013

## In Michigan:

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

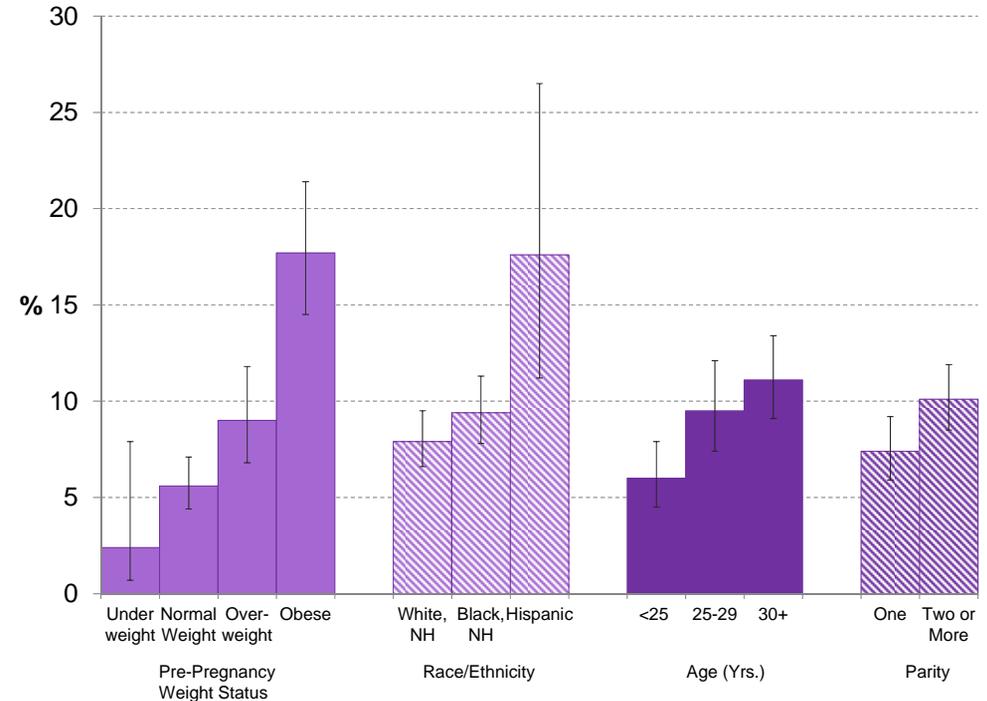
**Gestational Diabetes (GDM)** is high blood glucose (sugar) that is first diagnosed during pregnancy.<sup>2</sup> This differs from women with diabetes who then become pregnant.

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

## GDM Risk Factors include:<sup>4-8</sup>

- ◆ Weight Status (BMI  $\geq$  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 Factors <sup>2</sup>**



Source: MI PRAMS 2009-10 Combined [[www.michigan.gov/prams](http://www.michigan.gov/prams)]

- From 2009 to 2010, approximately 9% of Michigan mothers with live births had GDM.<sup>1</sup>
- ◆ Mothers classified as obese before pregnancy had higher GDM prevalence (17.7%) than mothers of lower weight status ( $\leq$ 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.

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## Complications resulting from GDM include:<sup>9-11</sup>

### 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:

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## GDM Self-Management:<sup>12</sup>

- ◆ 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](http://www.michigan.gov/diabetes)**