
Selective Screening for Gestational Diabetes

Glucose Tolerance Testing

Independent Childbirth

A Short Summary • Key Words: Diabetes; Glucose Tolerance Testing; Alternatives to GTT • February 19, 2008

What is Gestational Diabetes?



Your body in pregnancy may mimic some signs of diabetes because placental hormones can change how your body controls your insulin levels. This symptom may be a precursor to diabetes later in life for you. If you are younger than 25, do not have a family history of diabetes, are not overweight, this is a first baby and you are not in a ethnic group at risk for diabetes (African American, Native American, of Spanish descent) your risk factors for developing diabetes later in life are lower.

While for many women the insulin release reverts to normal after birth there is some research that shows women experiencing abnormal insulin production will be diabetic later in life. The incidence of this occurring is greater for women who have a family history of diabetes and are obese, normal risk factors for diabetes. In addition these risk factors are suggested for European women: over the age of 30, family history of diabetes, sugar in the urine on at least two other well-care visits, are overweight and a previous unexplained stillbirth or neonatal death. ¹

What's the Concern?

Insulin aids your cells' ability to use all the nutrients your body gains from the foods you eat. Among the most debilitating of effects is the retaining of glucose, build-up of the glucose and subsequent damage to your body's organs due to your body's systemic inability to use the food you eat. The two types of diabetes that occur are Type I which is insulin dependent and Type II or NIDDM which is non-insulin dependent diabetes mellitus.

What Do I Need to Know?

A careprovider who is skilled in whole health is vital to premium pregnancy health care and understanding how your body responds to nutritional intake changes to best serve you, your baby and protect you from diseases. You must be proactive in keeping yourself healthy and educating yourself about optimal nutrition in pregnancy. Know what you're eating and learn how what you eat can help you control your birth care. Everyone can eat right in pregnancy!! Vegetarians can have a healthy pregnancy and birth! A healthy and balanced diet includes adequate protein, iron, sodium, potassium, calcium and magnesium. Along with protein some excellent sources for these minerals are leafy greens, flibert and brazil nuts, sesame and sunflower seeds. If you are vegan or vegetarian you will need expert dietary advice. It is easy for nutritional deficiencies to occur during pregnancy if the diet is lacking in essential dietary needs.

The routine screening tool for checking whether you might be predisposed to diabetes, which left uncontrolled can be dangerous to both you and your baby, is the glucose tolerance test. The test itself is inconclusive and controversial due to the fact that people do not normally take in glucose in the form it is given, which is a highly concentrated glucola beverage nor do people normally fast - pregnant women especially should never fast - then glucose load in this manner. In fact the fasting is designated specifically because fasting lessens your body's tolerance of the glucose load, hence the name "glucose tolerance testing." Further, the diagnosis itself is not statistically significant. ^{2,3,4,5} For these reasons if you choose to be screened for diabetes look into these options: an HgBA1C panel, jellybeans in place of glucola beverages, postprandial testing (eating normal food for equivalent of 50/100 grams of glucola beverage). ⁶ As for birthing your large baby, the research shows its your freedom of movement so you can help yourself birth your baby that matters more than the size of your baby.

Your whole health is important and must always be taken into consideration when making healthcare decisions. You may find yourself in a discussion with your careprovider regarding elective induction at or immediately after your due date for a number of reasons arising from the results of this test including instilling in you a 'fear' of growing a large baby.

Sources:

1. *International Conference for Women's Health Care; New Zealand, June 1996*
2. *Screening for gestational diabetes mellitus: recommendations and rationale; National Guideline Clearinghouse*
3. *The Effect of Maternal Diet Restriction on Pregnancy Outcome; American Journal of Perinatology*
4. *Glucose Tolerance Test (GTT); Diagnostic MedLab*
5. *Randomized Controlled Trials of Treatment of Gestational Diabetes Mellitus; National Library of Medicine*
6. *Jelly beans as an alternative to a cola beverage containing fifty grams of glucose; American Journal of Obstetrics and Gynecology*

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