



Question: What is gestational diabetes?

Answer: *Gestational diabetes mellitus* (GDM) is high blood sugar that develops during pregnancy.

Question: What are the risk factors for GDM?

Answer: Here are some of the risk factors for GDM.

Higher Risk for GDM	Lower Risk for GDM
• Being plus-size • Increasing maternal age • History of GDM • History of having a large for gestational age baby • Diabetes in a close relative • Belonging to an ethnic group at increased risk for GDM	• Age younger than 25 years • Pre-pregnancy body mass index (BMI) of ≤ 25 kg/m² • No close relatives with diabetes • No history of glucose intolerance • No history of poor birth outcomes

Having a pre-pregnancy body mass index (BMI) of 25 or higher is one of the main risk factors for GDM. However, most people with bigger bodies will not develop GDM in pregnancy. About 12% of people with a BMI >35 will develop GDM, compared with 6% of people with a BMI of 30-34.9, 5% of people with a BMI of 25-29.9, and 2.3% of people with a BMI of 18.5 to 24.9 kg. Age is another important risk factor, with older age leading to a higher chance of GDM.²

Question: What problems can result from GDM?

Answer: Researchers have found that health risks increase step-by-step with every small increase in blood sugar levels. Because of the continuous increase in risk, there is no blood sugar level where we can say “You will have problems” or “You won’t have problems.” However, here are some of the health problems that can result from GDM:

- Pre-eclampsia
- Fetal high blood sugar
- First-time Cesarean
- Premature birth
- Higher birth weight/having a large baby
- Shoulder dystocia or birth injury
- Newborn intensive care
- Newborn jaundice
- Newborn low blood sugar
- The birthing person developing diabetes and/or heart disease later in life
- The baby developing excess body weight and/or diabetes later in life

Question: What are the different glucose tests for GDM?

Answer: There are two main ways to test for GDM and both use oral glucose tolerance testing. In most countries, the *one-part diagnostic method* is used. In this test, everybody drinks a 75-gram glucose solution in pregnancy. Blood sugar is measured after fasting and 1 and 2 hours after the test. GDM is diagnosed when any of the blood sugar values are met or exceeded (92 mg/dL fasting, 180 mg/dL at 1 hour, 153 mg/dL at 2 hours).

The most common way of screening and testing for GDM in the U.S. is with the *two-part screening and diagnostic method*. First, you drink 50 grams of glucose solution (Glucola) all at once, and your blood sugar is tested one hour later. If this *screening* test shows a high blood sugar level (130-140 mg/dL or higher), then you may be asked to follow up with a 100-gram, 3-hour fasting *diagnostic* test on a different day.³ Different hospitals use different criteria for diagnosing GDM with this method (see the full-length Signature Article for more details).

The one-part method results in more GDM diagnoses than the two-part method, but this increase in diagnoses has not been found to improve health outcomes.

Question: Are there alternatives to the glucose beverage?

Answer: Some people are unable to drink the entire glucose beverage because of side effects such as nausea or vomiting. In those cases, they might be interested in alternatives.

An alternative to the Glucola drink is the Fresh Test®. It is advertised as being equivalent to other glucose solutions but without artificial dyes and ingredients. Other alternatives include measuring your blood sugar after eating candy or food (instead of consuming a glucose drink), or doing a fasting blood sugar test, hemoglobin A1c (HbA1c) test, or monitoring blood sugar levels at home. However, there isn’t enough evidence to show which alternative method is best, and none are as accurate as taking the oral glucose tolerance test with a glucose solution.

If you do not wish to drink the standard glucose drink, you may want to discuss alternatives with your provider.

Question: Why should I get screened for GDM?

Answer: Screening and/or diagnosis for GDM is important because those who have GDM can be treated with diet, exercise, and medications as needed. There is strong evidence from randomized trials that treating GDM improves birth outcomes for birthing people and babies. Treatment cuts the risk of large birth weight by 50% and shoulder dystocia (when the baby’s shoulders get stuck during birth) by 60%.⁴ In two trials, birthing people reported higher quality of life after treatment for GDM.





Question: When should I do a GDM screening test?

Answer: Sometimes we don't know whether high blood sugar during pregnancy is a result of previously undiagnosed (pre-existing) Type 2 diabetes or brand new GDM. Most professional organizations recommend screening for pre-existing Type 2 diabetes at the first prenatal visit if you have risk factors. For those without risk factors, GDM screening is recommended at 24-28 weeks of pregnancy. While there is new research suggesting possible benefits of early GDM screening and treatment (starting before 24 weeks), most organizations do not recommend early GDM screening.

Question: What if I don't want to be screened for GDM?

Answer: Screening for GDM is evidence-based because of the potential for serious health problems if high blood sugar is not managed or treated during pregnancy. One study found that people who declined GDM screening (with unknown blood sugar levels) had a lower risk of large-for-gestational age babies and Cesarean birth, but a higher risk of stillbirth and small-for-gestational age babies compared to those who had GDM screening at 24-28 weeks of pregnancy (with normal blood sugar levels).⁵ The risk of stillbirth was even higher among those with pre-pregnancy risk factors for GDM. Note: It is a human right to decline medical treatment, and the American College of Obstetricians and Gynecologists (ACOG) states that patients with GDM have the right to refuse care.⁶

Question: What happens if I am diagnosed with GDM?

Answer: Receiving a diagnosis of GDM can be stressful. However, the benefits of a positive test are that you can uncover and take action to help prevent potential health problems before they occur. If you are diagnosed with GDM, you should receive counseling on nutrition, blood sugar monitoring, and exercise. If your blood sugar is still high, your provider can prescribe medication as needed.

Question: Do I have to be induced if I have GDM?

Answer: Recommendations for induction differ depending on how well blood sugars are managed. To learn more about induction for GDM, visit ebbirth.com/inducingGDM.

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“High blood sugar can cause health problems in pregnancy, but it can be treated with diet, exercise, and sometimes medication.”

Resources:

The book *Real Food for Pregnancy* by Lily Nichols, RDN, CDE, is a great source of information on eating well throughout the entire pregnancy. She also has a book called *Real Food for Gestational Diabetes* for people who have been diagnosed with GDM and want to try and manage their blood sugar levels with diet.

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6. American College of Obstetricians and Gynecologists (ACOG). (2018). "ACOG Practice Bulletin No. 190: Gestational Diabetes Mellitus." *Obstetrics and Gynecology* 131(2): e49-e64.

