

Gestational Diabetes- Topic of the Month

JUNE 4, 2025

Gestational diabetes affects up to nine percent of pregnancies across the United States every year. In 2020, about 8.5% of Minnesota birth parents had been diagnosed with gestational diabetes. Although the exact cause is not known, there is help to prevent, treat, and manage this condition. Read this month's topic memo to learn more about supporting soon-to-be parents who are at risk for or have been diagnosed with gestational diabetes.

Gestational diabetes

Insulin, a hormone made by the pancreas, helps the body regulate blood levels of glucose, fats, and amino acids. During pregnancy, hormones produced by the body can increase insulin resistance and cause a buildup of glucose (sugar) in the bloodstream. Gestational diabetes mellitus (commonly called GDM) is a type of diabetes that develops when pregnancy hormones interfere with insulin enough that the body cannot adequately handle increased blood glucose levels.

How insulin works to regulate blood sugar:

1. You eat a meal with carbohydrates.
2. The body digests the carbohydrates, breaking them down to simple sugars, such as glucose.
3. Glucose enters the blood stream prepared to travel around the body.
4. The pancreas recognizes the rise in blood glucose and makes insulin in response.
5. Insulin helps the glucose get into the body's cells where it can be used as energy or stored.

When the body has too little insulin, the blood glucose levels are high (hyperglycemia). When the body has too much insulin, the cells absorb the glucose leaving little in the blood (hypoglycemia).

Hyperglycemia: Elevated fasting blood sugar levels, typically above 125 mg/dl.

Hypoglycemia: Low blood sugar levels, typically below 70 mg/dl.

Risk factors

Some of the risk factors for gestational diabetes include:

- Higher body mass index (BMI)
- Lack of physical activity
- Prediabetes
- Gestational diabetes in a previous pregnancy

- Polycystic ovary syndrome (PCOS)
- High blood pressure
- A family history of diabetes
- Previous history of delivering baby that is large for gestational age (9+ pounds)
- Being of a certain race or ethnicity (Black, Hispanic, American Indian, Asian American)
- Gestational diabetes may also occur in people with no risk factors.

Symptoms

Symptoms of gestational diabetes may be mild or go unnoticed entirely; this may be due to similar pregnancy related behaviors. Below are some of the more common symptoms.

- Increased thirst
- Frequent urination
- Fatigue
- Blurry vision
- Nausea and vomiting
- Slow-healing wounds or infections

Diagnosis

The American Diabetes Association recommends screening for all pregnant individuals around 24 to 28 weeks gestation. Testing includes an oral glucose challenge or tolerance test. Individuals with risk factors may be screened earlier.

Learn about standard care practices: [15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2024](#). Scroll down to the “Management of Gestational Diabetes Mellitus” section, starting with 15.14. (American Diabetes Association, Dec. 11, 2023)

If during the certification a participant self-reports that they have been diagnosed with the condition, risk factor [302 - Gestational Diabetes](#) would be appropriately assigned.

Complications

High blood sugar levels during pregnancy can cause health complications for both mom and baby.

Parent risks:

- Cesarean section delivery (C-section)
- Miscarriage or stillbirth

- High blood pressure and pre-eclampsia
- Higher risk of developing type 2 diabetes later in life

Infant risks:

- Large for gestational age (LGA) infant due to the infant converting the excess glucose to fat.

An LGA infant or child (< 24 months) is categorized as high weight-for-length when plotted at or above the 97.7th percentile, labeled as the 98th percentile on the CDC Birth to 24 months growth charts.

- Premature birth
- Difficult or prolonged labor with birth trauma or C-section
- Hypoglycemia (low blood sugar) after delivery
- Breathing difficulties
- Hyperbilirubinemia (jaundice)
- Obesity and type 2 diabetes later in life

WIC can help

The WIC nutrition assessment allows for health and medical conditions to be identified. For a newly pregnant participant, they likely will not know or have not yet been diagnosed with gestational diabetes. We often learn of a gestational diabetes diagnosis at a nutrition education visit rather than at the initial cert.

Use the educational contact as an opportunity to support the participant in their new diagnosis.

- Explore what the participant already knows about the condition and if they have questions about their health care provider's recommendations.
- Affirm changes that the participant has made and those that they are working on.
- Assess whether they are receiving regular follow up.
- Support the recommendations of the participant's healthcare provider or diabetes specialist.

Additionally, share the healthy pregnancy tips below.

Healthy tips for pregnancy

- Consume three balanced meals and two to three nutritious snacks during the day.
- Include moderate amounts of whole grains, legumes, lean proteins, and healthy fats as a part of balanced meals.
- Stay hydrated. Drink water!

- Limit sweetened beverages, sugary snacks, and the use of sweeteners.
- Perform some type of moderate intensity activity 30 minutes five days per week or 150 minutes spread out over the week. Walking is a good exercise if tolerated.
- Get up and stretch once per hour for five minutes.
- Gain an appropriate amount of weight during pregnancy.

The WIC food package

Discuss how the WIC food package may fit into the participant's meal plan for gestational diabetes.

- Ask if fruit juice is part of their meal plan. Fruit juice may need to be avoided or limited to small amounts. WIC allowed vegetable and tomato juices are lower carbohydrate options that may fit into their meal plan. If appropriate, reduce the amount or remove juice from the WIC food prescription.
- Point out the unsweetened and/or high fiber cereals on the [WIC Shopping Guide](#). Encourage caution with cereal portion sizes.
- Explore ideas for using the Cash Value Benefit ([Fruits and Vegetables- WIC Foods](#)). Focus on [non-starchy vegetables for blood glucose control](#) like leafy greens, cucumbers, carrots, cauliflower, broccoli, tomatoes and many more.
- Ask if yogurt is part of their meal plan before adding it to their WIC food prescription. If they are consuming yogurt, suggest comparing labels and selecting lower sugar options. Flavored and sweetened yogurt tend to be high in added sugars. Plain, Greek yogurt may be the best lower sugar option.
- Discuss how the higher carbohydrate WIC allowed foods may fit into their meal plan. The type, amount, and spacing of carbohydrates are important, depending on the health care provider's recommendations. Watch portion sizes carefully.

After delivery

Those diagnosed with gestational diabetes during pregnancy generally return to a normal state soon after delivery. However, there is a greater risk of type 2 diabetes, with some estimates that approximately 50% of individuals with GDM will develop diabetes later in life. Those at risk should receive screening for diabetes every one to three years. Prior history of gestational diabetes also predisposes an individual for reoccurrence of gestational diabetes in subsequent pregnancies.

Encouraging participants to maintain a healthy weight, regular exercise, and good food choices will greatly reduce the risk of developing type 2 diabetes in the future. This discussion would be appropriate at the three or six months postpartum follow up.

Practice activity

If you haven't already, pull up the webpage for risk code [302 - Gestational Diabetes](#). There is guidance to support assessment, nutrition counseling, documentation, and considerations for postpartum care.

- **If alone:** Read through the various parts of the risk code. Identify specific counseling tips you may offer to a participant that shares they have gestational diabetes. Think of ways that you may offer the information in a participant-centered style.
- **If in a group:** Break into groups and review the various parts of the risk code. Gather together and report back with what you found to be the most interesting or relevant parts to share.

Resources

[WIC - 302 Gestational Diabetes](#) (MDH WIC)

[About Gestational Diabetes](#) (MDH Diabetes and Health Behavior Unit)

[Gestational Diabetes](#) (American Diabetes Association (ADA))

[Sample Meal Plan and Menu Ideas for Pregnancy with Gestational Diabetes \(GDM\) and After Delivery](#) (ADA Dec. 2024)

[Gestational Diabetes](#) (CDC, May 2024)

[Large for Gestational Age \(LGA\)](#) (Children's Hospital of Philadelphia, 2025)

References- complete listing of hyperlinks:

[15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2024](#)
(https://diabetesjournals.org/care/article/47/Supplement_1/S282/153948/15-Management-of-Diabetes-in-Pregnancy-Standards)

[302 - Gestational Diabetes](#)
(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/302.html>)

[About Gestational Diabetes](#)
(<https://www.health.state.mn.us/diseases/diabetes/about/gestational.html>)

[Gestational Diabetes](#) (<https://diabetes.org/living-with-diabetes/pregnancy/gestational-diabetes>)

[Sample Meal Plan and Menu Ideas for Pregnancy with Gestational Diabetes \(GDM\) and After Delivery](#) (<https://diabetes.org/sites/default/files/2025-01/ADA24-Sample-Meal-Plan-for-GDM-FINAL.pdf>)

[Gestational Diabetes](#) (<https://www.cdc.gov/diabetes/about/gestational-diabetes.html>)

[Large for Gestational Age \(LGA\)](#) (<https://www.chop.edu/conditions-diseases/large-gestational-age-lga>)

GESTATIONAL DIABETES- TOPIC OF THE MONTH

Fruits and Vegetables- WIC Foods

(<https://www.health.state.mn.us/people/wic/foods/fruitsveg.html>)

WIC Shopping Guide

(<https://www.health.state.mn.us/docs/people/wic/vendor/fpchng/shopguide.pdf>)

non-starchy vegetables for blood glucose control (<https://diabetes.org/food-nutrition/reading-food-labels/non-starchy-vegetables>)

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.

This institution is an equal opportunity provider.