

Postpartum Gestational Diabetes Mellitus (GDM)

What is the best follow-up for my Postpartum GDM?

Most patients who did not have diabetes before pregnancy can safely come off diabetes medicine right after they have their baby (under the provider's supervision). For some patients, it can take up to a week for blood sugar to return to pre-pregnancy numbers. Patients should follow their provider's instructions to see how long medicine and blood sugar monitoring should continue.

At a postpartum visit (4 to 12 weeks after delivery), you will have an oral glucose tolerance test (OGTT) to see if your diabetes has resolved.

If my OGTT is normal, what else should I know?

According to the Centers for Disease Control and Prevention (CDC) and the American Diabetes Association (ADA), **5 to 6 out of 10 patients** with gestational diabetes go on to develop Type 2 Diabetes in their lifetime.

This means your OB-GYN or primary care provider should screen you for Type 2 Diabetes (T2DM) every 1 to 3 years after you've had gestational diabetes. Screening can be a blood test or fingerstick to check Hemoglobin A1c (a blood level that gives a value for average blood sugar over 3 months). Your provider will give you information about your results,

Is there a way to prevent Type 2 diabetes?

There are some ways to help prevent developing T2DM.

- Maintain a healthy weight
 - Your provider can help you determine what the best weight is for you. If you are overweight and need to lose weight to lower your risk of developing Type 2 Diabetes, they can assist with weight loss. This might include a referral to see a Registered Dietitian Nutritionist.
- Eat a healthy diet
 - There is not one type of diet recommended for all patients with a high diabetes risk. A diet that is high in fruits, vegetables, whole grains, beans, nuts, and seeds is recommended.
 - Cut down or eliminate foods and drinks with added sugars, including regular sodas and juice.
- Increase Activity and Exercise
 - Try to get 30 to 60 minutes of aerobic activity on most days of the week (at least 150 minutes each week).

- Have regular appointments with your primary care provider.
 - Discuss your eating habits. Ask to see a nutritionist if you have questions or concerns about your weight or diet. Your provider may discuss medicines that can help prevent Type 2 Diabetes or slow the onset of Type 2 Diabetes.

Am I at greater risk for GDM in future pregnancies?

Yes. The chances of having GDM in a future pregnancy are higher. According to the American College of Obstetricians-Gynecologists (ACOG), 7 out of 10 patients with GDM will develop diabetes in a future pregnancy.

Is there anything else I should know?

- If a pregnancy is desired in the near future, the patient and provider should set health goals together (weight loss, diet, exercise) to increase the chances of having a healthy pregnancy.

References

ACOG practice bulletin No. 190 summary: Gestational diabetes mellitus. (2018). *Obstetrics & Gynecology*, 131(2), 406-408.

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