Gestational Diabetes Mellitus Informed Consent

Gestational diabetes mellitus (GDM) is an abnormally high blood glucose level diagnosed during pregnancy. Like diabetes, it is an inability of the body to utilize glucose due to lack of, or resistance to, insulin. In pregnancy, some resistance to insulin is normal and is caused by insulin-blocking hormones from the placenta that create a higher level of glucose circulating in the blood – making it more available for the baby.

In general, women who do not have a family history of diabetes, eat a healthy diet (foods high in fiber and whole grains; low in simple sugars, fats and processed foods), exercise regularly (20-30 minutes a day), and are not overly stressed are at low risk for developing this disorder. Although there are risk factors to developing gestational diabetes, 50% of clients diagnosed with gestational diabetes don't have any of these risk factors:

- >35 years old
- Family history of diabetes
- Previous large baby (> 9#)
- Diagnosis of gestational diabetes in a previous pregnancy
- History of infertility
- Miscarriages or stillbirth
- History of chronic yeast and or urinary tract infections
- Prepregnant weight of over 180#.

Symptoms such as excessive thirst, constant hunger, fruity breath, glucose in the urine, frequent urination, weight loss, and general weakness can develop. The consequences of gestational diabetes can be serious. If unchecked, gestational diabetes can cause

- recurrent yeast infections
- excessive amniotic fluid
- a greater risk of developing pre-eclampsia
- a greater risk of stillbirth (for GDM's with high fasting levels)
- kidney infection
- operative delivery
- lacerations
- increased tearing
- maternal postpartum hemorrhage
- shoulder dystocia
- physical damage to the baby during the birth
- respiratory distress of the newborn
- newborn low blood sugar after birth
- jaundice and polycythemia.

Thus, it is important to detect gestational diabetes when it does occur. Additionally, more than half of women with gestational diabetes will develop diabetes in the next 20 years and their babies are at greater risk for obesity and diabetes.

Testing urine for glucose is also not a reliable indicator of blood sugar level. Therefore, we offer either the standard one hour 50 gram glucose testing or testing that shows how your blood glucose level reacts to your normal diet, which can give an indication if there is truly a problem with your metabolism. Some women choose to not test at all. If you do decide to go through some form of glucose testing, it is important to remember that gestational diabetes is rare, and most women diagnosed with it can usually maintain blood glucose levels with a modified diet and exercise.

I have discussed all of the above with my midwife and my questions have been answered to my satisfaction. I take full responsibility for my decisions and accept the potential risks. At this time I am choosing:

☐ Standard glucose testing (drinking 50 gram Glucola drink followed by a blood glucose test 1 hour after)
☐ Modified glucose testing (blood glucose tested after fasting overnight, and 1 hour after 3 meals)
☐ I choose my own glucose testing as follows: _____
☐ Decline all glucose testing

Client's Signature Date

Partner's Signature Date

3024 Fulton Street, Suite B ◊ Berkeley ◊ California ◊ 94705 ◊ (510) 704-8366 ◊ www.treslunasmidwifery.com