



# Gestational Diabetes Fact Sheet

## Wyoming, 2009

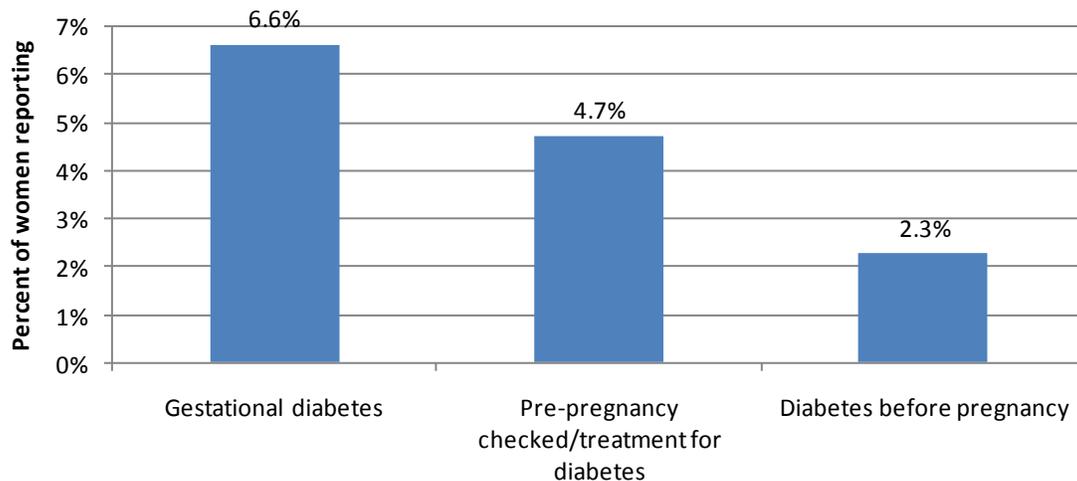


### Gestational Diabetes

Women who completed the Pregnancy Risk Assessment Monitoring (PRAMS) survey were asked:

- “During your most recent pregnancy were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?”
- “Before you got pregnant with your new baby did you visit a health care worker to be checked or treated for diabetes?”
- “Before you got pregnant with your new baby were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy. “

Results are illustrated below:



The prevalence of gestational diabetes varied significantly\* by the following factors:

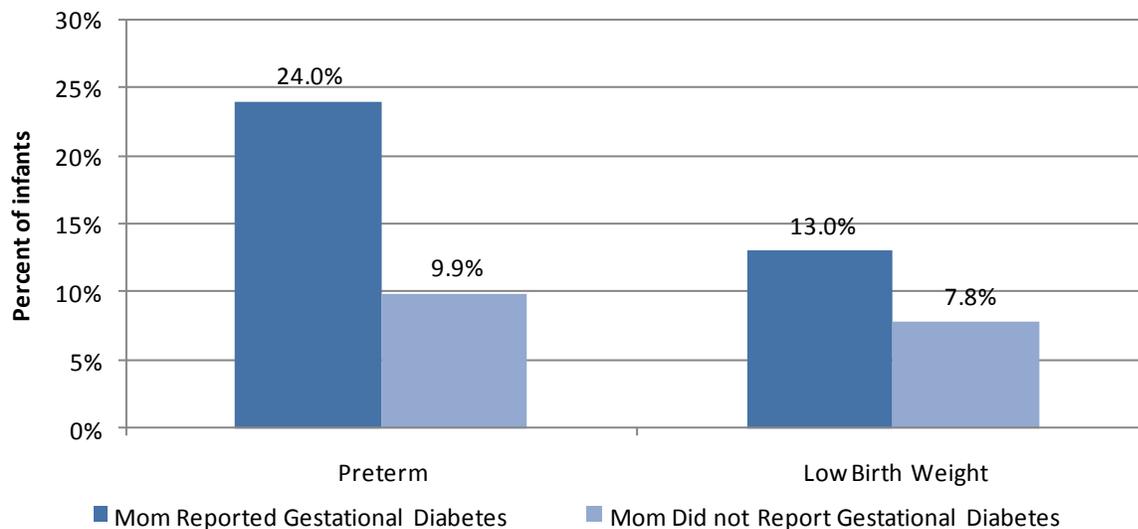
- Age: 23.6% in women 35 years and older vs. 5.8% in women 20-34 years
- Pre-pregnancy BMI: 13.2% in women who were obese before pregnancy vs. 4.5% in women who were at a healthy weight before pregnancy
- Maternal Education: 7.2% in women with more than a high school degree vs. 3.8% in women with high school or less
- Parity: 8.4% in women with 2 or more previous live births vs. 3.7% in first time mothers

\*( $p < 0.05$ )

# Infant Outcomes and Gestational Diabetes

Women with gestational diabetes were:

- Slightly more likely to have infants born preterm (<37 weeks): 24% preterm in women with gestational diabetes and 9.9% preterm in women without gestational diabetes ( $p=0.06$ )
- Significantly more likely to have infants born at a low birth weight (<2500 grams): 13% low birth weight infants in women with gestational diabetes vs. 7.8% low birth weight infants in women without gestational diabetes ( $p=0.03$ ).
- Breastfeeding initiation was not significantly different among women with gestational diabetes compared to women without gestational diabetes



Blood sugar that is not well controlled in a woman with diabetes during pregnancy can lead to other problems in pregnancy including:

- Increased risk of type 2 diabetes
- Miscarriage or still birth
- Delivery via cesarean section
- A very large baby ( $\geq 9$  pounds)
- Low infant blood sugar
- Maternal high blood pressure
- Increased risk to child for being overweight later in life
- Birth defects

## What is PRAMS?

The Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). Wyoming PRAMS collects Wyoming-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. To learn more about Wyoming PRAMS, visit our website: <http://www.health.wyo.gov/familyhealth/mchepi/prams.html>.

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