SAN BERNARDINO COUNTY

Public Health
Maternal, Child, and Adolescent Health

GESTATIONAL DIABETES AND HYPERTENSION IN PREGNANCY: RESOURCE GUIDE

Gestational diabetes and hypertension are two of the most common complications that can occur during pregnancy, affecting the health of both the mother and the developing baby. If left unmanaged, both conditions can increase the risk of complications, including preterm birth, cesarean delivery, fetal growth abnormalities, and other adverse maternal and neonatal outcomes. Regular prenatal care, routine screening, early diagnosis, and appropriate treatment are essential for managing these conditions and promoting healthy pregnancy outcomes for both mother and child.

What Is Gestational Diabetes?

Gestational diabetes is a type of diabetes that can develop during pregnancy when the body cannot make enough insulin to keep blood sugar levels normal.

- Usually develops in the second or third trimester.
- Affects about 5–9% of pregnancies.
- Can increase the risk of:
  - High blood pressure during pregnancy (preeclampsia).
  - A larger-than-average baby.
  - Low blood sugar in the baby after birth.
  - Type 2 diabetes later in life for both parent and child.

Screening and Diagnosis

Gestational diabetes often has no symptoms, so screening is important.

- Most pregnant people are screened between 24–28 weeks of pregnancy.
- Those at higher risk (obesity or history of gestational diabetes) may be screened earlier.

Treatment and Self-Management

Gestational diabetes is managed through healthy eating, regular physical activity, and checking blood sugar at home. If these steps are not enough, insulin or other medications may be needed. After birth, blood sugar usually returns to normal, but follow-up testing is important because the risk of type 2 diabetes remains higher. Always talk to a healthcare provider to create an appropriate plan.

What is Gestational Hypertension?

Gestational hypertension is high blood pressure at or above 140/90 mmHg that develops after 20 weeks of pregnancy in someone who previously had normal blood pressure. Unlike preeclampsia, gestational hypertension does not initially include protein in the urine or signs of organ damage, but it can progress into more serious conditions if not monitored carefully. This condition raises the risk of complications such as preterm birth, restricted fetal growth, placental problems, and progression to preeclampsia.

Monitoring and Assessing

Regular checkups help monitor blood pressure and look for signs of complications. Seek medical care right away if you have:

- Severe headache
- Vision changes
- Sudden swelling
- Pain in the upper abdomen

Management and Prevention

Treatment helps keep both the parent and baby healthy.

- Follow healthy eating and stay physically active, as recommended by your provider.
- Take blood pressure medication if needed.
- Some people at higher risk may be advised to take low-dose aspirin during pregnancy.
- Regular checkups help monitor the health of both parent and baby, and early delivery may be recommended if blood pressure becomes difficult to control.

Key Takeaway

Gestational diabetes and gestational hypertension are common pregnancy conditions, but both can be effectively managed with early detection and consistent prenatal and postpartum care. Screening for diabetes in mid-pregnancy, monitoring blood pressure after 20 weeks, watching for maternal warning signs, and following medical guidance all play an important role in protecting the health of both parent and baby.

- American College of Obstetricians and Gynecologists (ACOG)
- American Diabetes Association (ADA)
- Centers for Disease Control and Prevention – Maternal Warning Signs
- March of Dimes: Healthy Moms. Strong Babies
- MyPlate Resources

For more information about MCAH, please email us at askMCAH@dph.sbcounty.gov or call 800-227-3034.