

# healthy expectations - WEEK 24

## Tracking Fetal Movement

Late in the second trimester, your physician will likely ask you to track your baby's movement. This is an important way for you to play an active role in monitoring the health of your baby.

- Movement should be checked every night, at a time when your baby is active.
- Movement may be a kick, swish or roll-don't count hiccups or small flutters.
- Count the baby's movements while you are lying down, preferably on your left side.
- Mark the time you feel the baby move for the first time.
- Mark the time you feel the 10th fetal movement.
- At least 10 fetal movements can usually be detected within one hour. Call your obstetrician's office IMMEDIATELY if:
  - You do not feel 10 movements within one hour
  - It takes longer and longer for your baby to move 10 times
  - You have not felt your baby move all day

## Gestational Diabetes Mellitus (GDM)

One of the most common health problems experienced during pregnancy is Gestational Diabetes Mellitus (GDM) which affects 2 to 7 percent of women. As with Type 1 and Type 2 diabetes, GDM occurs when your body no longer efficiently uses glucose (the sugars derived from food) to give your body energy. Your pancreas creates insulin to help regulate the glucose in your system, however, as pregnancy hormones increase, the need for insulin increases. If your pancreas does not create enough insulin, the glucose remains in your bloodstream and has the potential to create problems for you and your baby.

Because most of the symptoms of GDM are like those during pregnancy (fatigue, increased hunger or thirst), it may be difficult to diagnose. Your physician will order a blood glucose test for GDM for your next visit (26-28 weeks). This consists of drinking a sugary drink and having your blood drawn an hour later. You will have to remain in the office for the duration of this test. Expect to be at the office for at least one hour.

## How it Affects Your Baby

If poorly managed, Gestational Diabetes can be harmful to both you and your baby. Following are potential affects that unmanaged GDM can have on your baby:

- High birth weight

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## Meet Our Providers:

### Matthew Dunham, MD

Dr. Matthew Dunham is a Board Certified OB/GYN who joined CSHP's Women's Health team at the Southwest office in August 2014. He received his Bachelor of Science from Central Michigan University in 1997 and his Doctor of Medicine from the University of Texas Health Science Center at San Antonio in 2003. He completed his Residency at the University of Colorado Health Science Center in 2007. In addition to the normal scope of his OB/GYN practice, Dr. Dunham specializes in menopausal issues and treats pelvic floor disorders including pelvic prolapse and urinary incontinence.

When he's not working, Matthew enjoys spending time with his family and everything the great Colorado outdoors has to offer.



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- Potential for anemia at birth
- Increased risk for jaundice at birth
- Increased potential for your baby to experience childhood obesity and/or have diabetes later in life

Because mothers with GDM often give birth to larger babies, your physician may monitor you more closely during the final months of your pregnancy. Your blood glucose levels will be monitored more closely, and your physician may monitor your baby's size. If your baby is growing rapidly, your doctor may recommend that labor be induced early or a cesarean (c-section) may be performed, depending on your individual situation.

## Risk Factors

These risk factors may increase your chances of developing gestational diabetes:

- Obesity - BMI (Body Mass Index) of 30 or higher
- High blood pressure
- Smoking
- Ethnicity - African-Americans, Hispanics, Native Americans, Afro-Caribbeans & Pacific Islanders have a higher risk
- Heredity - family history of diabetes
- Age - risk increases with age, especially for women over 35
- History: - You have had gestational diabetes with a previous pregnancy
  - You have previously given birth to a large baby
  - You have had a previous stillbirth or a baby born with a birth defect
  - Prior history of Obstetric problems

When gestational diabetes is diagnosed early on in the pregnancy, it may be that the mother already had undiagnosed diabetes prior to her pregnancy. The risk of having diabetes after the birth is very low for women with well-controlled GDM. You are at an increased risk of developing the disease with any subsequent pregnancies, especially if you become pregnant soon after the birth of your child. Women who had diabetes when they became pregnant will likely have the disease postpartum as well.

## Managing Gestational Diabetes

GDM can usually be managed by regular blood testing, a healthy diet and regular exercise. You may want to meet with a registered dietician to determine the right balance of nutrients and calorie intake to meet your specific needs. Regular blood testing and using an at-home test kit will help you to keep track of your glucose levels and ensure you are staying on track.

When you cannot control your diabetes with diet and exercise, your physician may prescribe insulin shots. These shots are safe for your baby and offer protection from the harmful effects of excess sugar in your system.

### Resources

[www.babycenter.com](http://www.babycenter.com)

[www.cshpwomenshealth.net](http://www.cshpwomenshealth.net)

[www.cshp.net/health/health.htm](http://www.cshp.net/health/health.htm) (CSHP Health Management)

[www.diabetes.org/gestational-diabetes.jsp](http://www.diabetes.org/gestational-diabetes.jsp)