

Gestational Diabetes

**Definition/
cut-off value**

Presence of gestational diabetes diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**Participant
category and
priority level**

Category	Priority
Pregnant Women	I

Justification

With gestational diabetes, diabetes is not present before the pregnancy. Abnormal glucose levels appear during pregnancy and then usually return to normal after the pregnancy ends. Ninety percent (90%) of all pregnant diabetics are gestational diabetics. Diabetics are at higher risk for complications of pregnancy and are at increased risk of developing Type II diabetes mellitus later in life. Infants born to women with diabetes are at increased risk of macrosomia, congenital abnormalities, hypoglycemia and neonatal death. The client can benefit from the WIC Program's dietary counseling and supplemental foods.

**Clarifications/
Guidelines**

Before assigning this risk code, be sure the medical condition is documented on the health history form.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

1. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 169-170.
 2. American Diabetes Association: Position Statement on Gestational Diabetes; January 1997.
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