

Gestational Diabetes

POWERED BY 23ANDME RESEARCH

Gestational diabetes is a form of diabetes that happens only during pregnancy. It occurs when glucose (a type of sugar) builds up in the blood, resulting in blood sugar levels that are too high. Gestational diabetes can lead to complications for both the parent and child during and after pregnancy.



Jamie, we could **not** determine your result for this report.

This report is intended to provide a genetic likelihood estimate for this condition. However, many of the **variants** used to calculate your result could not be determined.



This can be caused by random test error or other factors that interfere with the test.

Ways to take action

Your overall likelihood of developing gestational diabetes also depends on other factors, including lifestyle. Experts agree that healthy lifestyle habits before pregnancy can help lower the chances of developing this condition.

- Maintain a healthy weight
- Eat a healthy diet
- Exercise regularly
- Avoid smoking

If you are pregnant or might become pregnant, it's important to talk to your doctor about screening options or other next steps that may be right for you. Screening for gestational diabetes is a standard practice in prenatal care that is typically done between 24 and 28 weeks of pregnancy. Those who have a higher risk of developing gestational diabetes may be tested earlier in pregnancy.

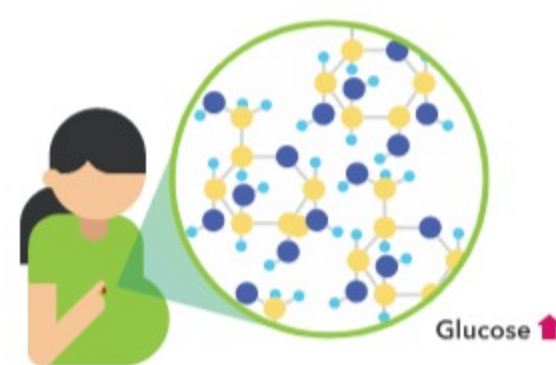
Learn more from the [National Institutes of Health](#)*



About gestational diabetes

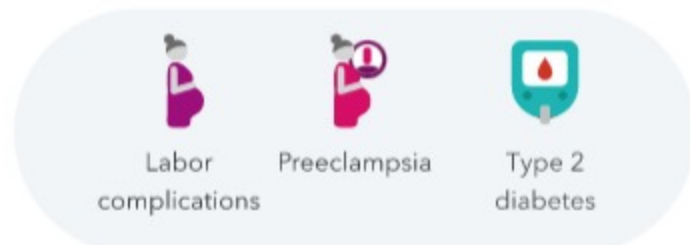
What is gestational diabetes?

Gestational diabetes mellitus, commonly known as gestational diabetes, is a form of diabetes that starts during pregnancy. During pregnancy, the body produces high levels of certain hormones that impair the body's response to insulin, resulting in increased blood sugar levels. After childbirth, these levels typically return to normal. For most people, a small, temporary increase in blood sugar levels during pregnancy is not harmful. But for those with gestational diabetes, the blood sugar reaches a level that can affect the health of the individual and their baby.



How can gestational diabetes impact you and your child?

There are no noticeable symptoms in most cases of gestational diabetes, but the condition can lead to complications, especially if left untreated. High blood sugar levels may cause the developing baby to grow larger than average, potentially leading to a difficult delivery or a delivery by cesarean section. Those with gestational diabetes are more likely to develop high blood pressure as well as preeclampsia, a type of high blood pressure with other complications. Additionally, after childbirth, gestational diabetes is associated with an increased risk for type 2 diabetes and heart disease in both the parent and child. This means it's especially important to maintain a healthy lifestyle after pregnancy and conduct follow-up screening with your doctor.



Other factors that can impact your chances of developing gestational diabetes

It is estimated that about 6% of pregnancies in the U.S. are affected by gestational diabetes. Besides genetics, lifestyle, and weight, some important risk factors that can impact a person's chances of developing gestational diabetes include:

- Personal history of gestational diabetes, prediabetes, or polycystic ovary syndrome
- Family history of gestational diabetes or type 2 diabetes
- Age (this condition tends to be more common as people get older)
- Ethnicity (African Americans, Asian Americans, and people of Hispanic/Latino, Indigenous American, or Pacific Islander descent have increased chances)



Personal history



Family history



Age



Ethnicity

Keep in mind

This report **does not diagnose** gestational diabetes. If you are pregnant or might become pregnant, **consult with a healthcare professional** if you are concerned about your likelihood of developing gestational diabetes, have a personal or family history of gestational diabetes, or before making any major lifestyle changes.



If you have already been diagnosed with gestational diabetes by a healthcare professional, it is important to **continue any treatment plans** that they prescribe, including medications and lifestyle modifications.



The likelihood of developing gestational diabetes also depends on **other factors**, including lifestyle, age, and family history.



This report **does not account for every possible genetic variant** that could affect your likelihood of developing gestational diabetes.



This report is based on a genetic model **created using data from 23andMe research participants**. It has not been clinically validated and should not be used to make medical decisions.

[How we got your result](#) ↗

Methods

This report is based on a statistical model that takes into account your genetic results at more than 6,000 genetic **markers**, along with the ethnicity and sex you reported in your account settings, to estimate the likelihood of developing gestational diabetes mellitus. We used data from 23andMe research participants to calculate this estimate. Results and estimates may be updated over time as the model or scientific understanding about this condition improves. Note that this report does not include **rare genetic variants** that have a large impact on the likelihood of developing gestational diabetes mellitus.

About the result

People whose result is associated with odds of developing gestational diabetes that are at least 1.5 times higher than average are considered to have an increased likelihood. Between 18% and 28% of individuals receive an "increased likelihood" result, depending on ethnicity. These results are based on many genetic markers, and random test error at one or more of these markers can lead to a small margin of error in your estimated likelihood of developing gestational diabetes. For people whose estimate is near the boundary between typical and increased likelihood, this margin of error may introduce some uncertainty about whether their estimated likelihood is considered "typical" or "increased".

Scientific validity across ethnicities

We verified that the model meets our scientific standards for individuals of European, Hispanic/Latino, East/Southeast Asian, South Asian, Sub-Saharan African/African American, and Northern African/Central & Western Asian descent.

How we may use ethnicity and sex to customize this result

- If you indicated in your account settings that you are of European, Hispanic/Latino, East/Southeast Asian, South Asian, Sub-Saharan African/African American, or Northern African/Central & Western Asian (Middle Eastern) descent, your result is tailored based on data from individuals of that ancestry.
- If you indicated in your account settings that you are predominantly of both Hispanic/Latino and another ancestry, your result will be based on data from individuals of Hispanic/Latino descent.
- If you indicated in your account settings that you are predominantly of both Sub-Saharan African/African American and European descent, your result will be based on data from individuals of Sub-Saharan African/African American descent.
- If there is not enough data from individuals of your ethnicity or combination of ethnicities at this time, your result may be based on data from individuals of European descent because the most data is available for this population.
- Your Gestational Diabetes result also takes into account the sex you indicated in your account settings.

See our [white paper](#) to learn more about the science behind this report.

Read More:

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