

Executive Summary

Gestational diabetes mellitus (GDM) presents a significant challenge to the health of both mother and infant. GDM is characterized by glucose intolerance appearing or first diagnosed during pregnancy. Women that had a GDM-affected pregnancy have a 10-fold increased risk of developing type 2 diabetes mellitus (T2DM). (Vounzoulaki, 2020)

The American College of Obstetricians and Gynecologists (ACOG) practice bulletin number 190 outlines clinical considerations and recommends that all pregnant women be, "...screened for GDM with a laboratory-based screening test(s) using blood glucose levels." Specific recommendations on timing vary, but are generally performed at 24-28 weeks gestation, dependent upon individual risk factors. Follow-up recommendations for women with a history of GDM include a glucose screening performed at 4-12 weeks postpartum, and every 1-3 years thereafter. Additional recommendations include nutrition counseling and achieving at least 150 minutes of moderate-intensity aerobic exercise per week. (ACOG, 2018.)

The Ohio Department of Health (ODH) previously published versions of this GDM Databook in 2011, 2016, and 2019. This 2020 update presents a more current picture of GDM in Ohio. Multiple administrative data sources were used to describe Ohio trends through 2019 regarding GDM risk factors, prevalence, co-morbidities, and healthcare experiences during preconception, pregnancy, and postpartum.

