

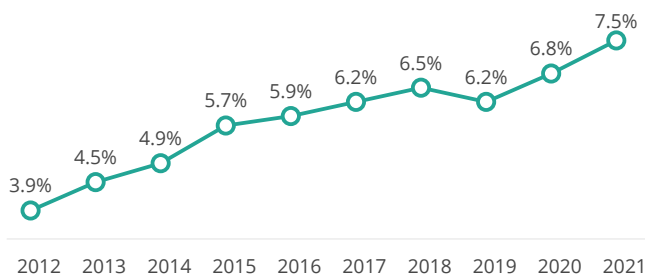
Trends and characteristics of gestational diabetes: Utah, 2012–2021

Gestational diabetes mellitus (GDM) is defined as glucose intolerance first detected during pregnancy. GDM affects up to 10% of pregnancies each year in the United States.¹ Pregnant people with GDM are at increased risk of developing cardiovascular disease and type 2 diabetes later in life, GDM in later pregnancies, maternal hypertensive disorders, and having an unplanned cesarean delivery.^{1,2} Infants born to individuals with GDM are at increased risk of adverse health outcomes, including preterm birth, oversized fetus (macrosomia), and neonatal low-blood sugar (hypoglycemia).²

The overall rate of Utah residents with GDM who gave birth in 2021 was 7.5% per 100 births, a 92% increase from 2012 (figure 1). Over the past decade, Utah has experienced a concerning trend of increasing GDM rates with persistent racial and ethnic inequities in GDM prevalence. Rates of gestational diabetes mellitus increased among all non-White racial and ethnic sub-groups and were highest among people who identify as non-Hispanic Asian (17.0%) and non-Hispanic American Indian/Alaska Native (12.2%) (figure 2).³ In 2021, GDM rates were significantly lower among people who identify as non-Hispanic White when compared with all other racial and ethnic sub-groups. This observation is similar to findings from several studies of GDM and parallels known differences in type 2 diabetes prevalence by race and ethnicity.^{4,5,6}

Percentage of Utah residents with gestational diabetes mellitus per 100 births, 2012–2021

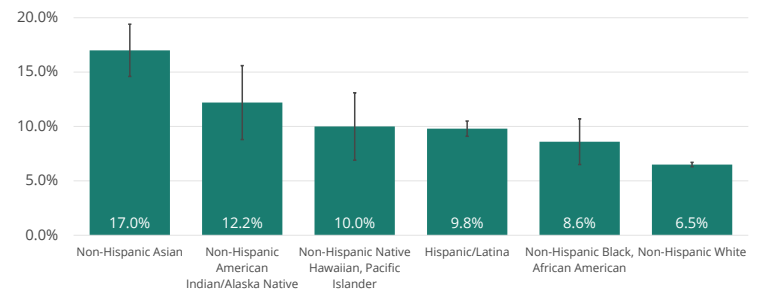
Figure 1. The percentage of Utah residents with gestational diabetes mellitus increased from 3.9%, in 2012 to 7.5% in 2021.



Source: Utah Department of Health and Human Services Office of Vital Records and Statistics, Utah Indicator-Based Information System (IBIS) birth certificate data

Rates of gestational diabetes mellitus by maternal race and Hispanic origin in Utah, 2021

Figure 2. Rates are highest among people who identify as non-Hispanic Asian and significantly higher among all racial and ethnic subgroups compared with non-Hispanic White.



These findings support the need for additional research to understand the underlying reasons for the increasing prevalence and disproportionately high rates of gestational diabetes in pregnant people from racial and ethnic minority populations in Utah. A list of programs that can help people with gestational diabetes optimize their pregnancy outcomes can be found on the DHHS Healthy Environments Active Living (HEAL) website, <https://heal.health.utah.gov/dsmes-programs/>.

1. Centers for Disease Control and Prevention. Gestational diabetes. 2021. Available from: <https://www.cdc.gov/diabetes/basics/gestational.html>.

2. March of Dimes. Gestational diabetes. 2022. Available from: <https://www.marchofdimes.org/complications/gestational-diabetes.aspx>.

3. Utah Department of Health and Human Services Office of Vital Records and Statistics, [Indicator-Based Information System \(IBIS\) birth certificate data](#)

4. Deputy NP, Kim SY, Conrey EJ, Bullard KM. Prevalence and changes in preexisting diabetes and gestational diabetes among women who had a live birth—United States, 2012–2016. *MMWR Morb Mortal Wkly Rep*. 2018;67(43):1201–1207.

5. Shah NS, Wang MC, Freaney PM, et al. Trends in Gestational Diabetes at First Live Birth by Race and Ethnicity in the US, 2011–2019. *JAMA*. 2021;326(7):660–669.

6. National Diabetes Statistics Report, 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.