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NHS Grampian

Gestational diabetes

Information for women

Department of Diabetes
Aberdeen Royal Infirmary

What is gestational diabetes?

Some women develop diabetes during pregnancy. This is called gestational diabetes.

Gestational diabetes usually starts in the later stages of pregnancy. It happens when the body can't control its own blood glucose level (sometimes called the "blood sugar level").

The hormone insulin is responsible for controlling blood glucose levels. The hormones produced during pregnancy block the action of insulin in the body. In women who develop gestational diabetes, there is not enough extra insulin produced to overcome the blocking effect.

Gestational diabetes can usually be controlled by changes to your diet but some women may need to take tablets or insulin therapy as well.

Why do I need to keep my blood glucose down?

It's important to control the level of glucose in your blood during pregnancy and keep it within the normal range. Normal ranges in pregnancy are:

- Fasting - less than 5.5mmol/l
- 2 hours after food - less than 7.0mmol/l (up to 35 weeks)
- 2 hours after food - less than 8.0mmol/l (over 35 weeks).

If there's too much glucose in your blood, your baby's body may start to make extra insulin to try to cope with it. This extra insulin can make the baby grow larger, making delivery more difficult and so could cause injury to you and your baby.

Also a baby who is making extra insulin may have low blood glucose after they are born, which can affect them in the first few hours of life.

How do I check my blood glucose?

At the Combined Diabetic Ante Natal Clinic (CDANC) we'll give you the equipment you need to do this and show you how and when to do it. Your GP will provide repeat prescriptions.

How can I control my blood glucose levels?

Healthy eating is very important to help you control your blood glucose levels and help your baby get the nutrients they need. A dietitian at CDANC will offer you personal dietary advice.

Regular exercise such as 30 minutes walking a day, if you are able, is also very beneficial.

Aim to:

- Eat regular meals and have a variety of foods. Include carbohydrate foods (such as bread, pasta, rice, potatoes and cereal) at each meal but be careful to avoid large portion sizes of these foods.
- Higher fibre choices are best such as wholemeal bread and pasta.
- Eat 3 pieces of fruit and 2 portions of vegetables each day.
- Avoid sweet foods, biscuits and sugary drinks.

Include milk in your diet as part of your carbohydrate allowance. Other good sources of calcium include cheese and diet yoghurts (**not low fat** yoghurts as these are high in sugar).

Include some oily fish 2 to 3 times a week (such as mackerel, sardines, herring, pilchards or salmon).

Include foods rich in iron every day (such as lean red meat, chicken, turkey, eggs, peas, beans, lentils and green leafy vegetables). Avoid liver.

Your specialist diabetic team

A specialist team is a group of healthcare professionals with experience of supporting people with diabetes. In the team there is:

- Obstetrician
- Diabetologist (doctor who specialises in diabetes)
- Dietitian
- Specialist diabetes midwife
- Lab technician
- Diabetes Specialist Nurse

The team provides you with routine care (such as regular urine tests for protein and blood pressure checks) during your pregnancy. You may also be offered a late scan to check the size of your baby.

Will I need to take medication?

If your blood glucose levels are still too high despite doing everything you can with your diet and physical activity, you might need to start taking tablets or insulin.

Your specialist diabetes team will explain how to take the insulin and what its effects will be.

What happens during labour?

During labour, your blood glucose levels will be monitored closely by an experienced team.

If your diabetes is controlled just by your diet, your labour will be managed as normal.

If you need insulin during your pregnancy, you will have an insulin infusion during labour to make sure your blood glucose remains normal. This is where a continuous amount of insulin, balanced with glucose, is fed into your blood through a drip.

Women with gestational diabetes sometimes have larger than average babies. If this is the case, you might need to be induced before your due date or have a caesarean delivery. We will discuss this with you in the final weeks of your pregnancy.

What happens after my baby is born?

Your baby is at risk of low blood glucose after birth which can be serious. Because of this, they will have a heel prick test to check their blood glucose level.

Your team will monitor your baby's blood glucose levels closely for the first 24 hours. This might mean that your baby is taken to the special care baby unit.

Your baby isn't being tested for diabetes during this time, but is being monitored to see if extra feeds are needed to stabilise their blood glucose levels.

You probably won't have diabetes after you've given birth but we might ask you to monitor your blood glucose. If you've been taking insulin, you should be able to stop after your baby's birth.

You should be offered a test of your glucose 3 to 6 months after birth to check that your blood glucose levels have gone back to normal. This would normally be an HbA_{1c} at around 3 months. You should also have this checked every year to screen for diabetes or before considering another pregnancy.

Can I breastfeed?

Breastfeeding is generally thought to be the best start for babies and there's no reason why you shouldn't breastfeed your baby if you've had gestational diabetes. It provides the best nutrition for your baby and gives extra protection against infection through your antibodies.

What happens if I get pregnant again?

If you've had gestational diabetes, it's more likely that you'll develop it again in future pregnancies. You'll be offered early screening by an oral glucose tolerance test in future pregnancies.

You also have a higher chance of developing type 2 diabetes in later life if you've had gestational diabetes. To help reduce your risk, eat healthily, aim to keep your weight down and include some physical activity in your day.

Who is at particular risk of developing gestational diabetes?

The factors below increase the risk of developing gestational diabetes:

- Being overweight (body mass index more than 30).
- Having a previous large baby weighing 4.5kg or more.
- Gestational diabetes in a previous pregnancy.
- Family history of diabetes (in first degree relatives such as your parents, brother, sister).
- Family origin with a high prevalence of diabetes (South Asia, Black Caribbean, Middle Eastern).

How to contact us

If you have any questions about your health or care, you can talk to one of our staff on the numbers listed below:

Antenatal Clinic
Aberdeen Maternity Hospital
☎ 01224 552072 ☎

Advice Aberdeen Maternity Hospital
☎ 01224 558855 ☎

Useful websites

NHS Grampian Diabetes website

	Scan this code to go to the NHS Grampian diabetes website **www.nhsgrampiandiabetes.scot.nhs.uk**

Useful websites (continued)

My Diabetes My Way

Provides information on all aspects of diabetes.as well as ability to access your own diabetes information.

- **www.mydiabetesmyway.scot.nhs.uk**

UK Government

For more information on diabetes and driving.

- **www.gov.uk/government/publications/information-for-drivers-with-diabetes**

Diabetes UK

This includes downloadable information about gestational diabetes

- **https://www.diabetes.org.uk/diabetes-the-basics/gestational-diabetes**

Please note that NHS Grampian is not responsible or liable for the quality of the information, resources or maintenance of external websites. Any advice on external websites is not intended to replace a consultation with an appropriately qualified medical practitioner.

This leaflet is also available in large print.

Other formats and languages can be supplied on request. Please call Quality Development on 01224 554149 for a copy. Ask for leaflet 1250.

Feedback from the public helped us to develop this leaflet. If you have any comments on how we can improve it, please call 01224 554149 to let us know.

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