

Gestational diabetes

What is gestational diabetes?

Gestational diabetes is a type of diabetes that develops during pregnancy. It usually occurs in the second half of pregnancy and affects about 4.9% of pregnant women.

During pregnancy your body produces many different kinds of hormones. These hormones can block the action of insulin in your body causing 'insulin resistance' and also high blood glucose levels in some women. Gestational diabetes disappears after delivery.

What's your risk of gestational diabetes?

You are more likely to develop gestational diabetes if you:

- > have had gestational diabetes previously
- > have a family history of diabetes
- > are over 30 years of age
- > are overweight
- > have had 'large' babies (over 4kg)
- > have had unexplained still-births or miscarriages.

Testing for gestational diabetes

Testing for gestational diabetes is usually carried out between the 26-28th week of your pregnancy. If you are at high risk of developing gestational diabetes or have had gestational diabetes before, you will be tested much earlier (eg 12 weeks) and again at 26-28 weeks. Initially you will have a 'glucose challenge test' and if the results are above normal you will have a glucose tolerance test.

Glucose challenge test

This is a non fasting test which only needs you to be at the hospital for one hour. Following a drink of glucose solution, a blood test will be taken one hour after to measure the amount of glucose. During this test you are asked to avoid smoking.

If the results are above normal level, you will be asked to have a glucose tolerance test on another day.

Glucose tolerance test

This test needs you to fast from the night before the test, you can drink water only. You will be at the hospital for at least two hours. A blood sample will be taken on your arrival. You will then be asked to drink a stronger glucose solution. Another blood sample will be taken two hours later. During this test you should avoid walking around too much, smoking, eating and drinking (some water permitted).

If the amount of glucose in the blood rises above a certain level then gestational diabetes is diagnosed.



Dealing with gestational diabetes

Nutrition

Healthy nutrition is important before and during pregnancy to provide the necessary nutrients for the growing baby and to maintain your own health.

Aim to:

- > eat healthy well-balanced meals;
- > establish and maintain blood glucose levels as close to normal as possible
- > manage weight gain during pregnancy.

Your local diabetes education service can provide you with extra information and support. It may be helpful to discuss your eating patterns and best food choices with a dietitian.

Weight gain

The recommended weight gain during pregnancy depends on your weight before becoming pregnant. If you are a healthy weight beforehand then approximately 10-13 kilograms (1.5kg in the first three months, and about 0.4kg per week in the second and third three months). If you are already overweight, a lower weight gain is preferable. Discuss this with your specialist and dietitian.

Activity

Discuss your activity level with your specialist. As a general rule it is not a good idea to start a new, strenuous exercise program during pregnancy. Low or moderate activity is recommended. Healthy choices for pregnant women include walking, low impact aerobics, swimming or water aerobics.

Blood glucose monitoring

It is important to monitor your blood glucose levels so you know if they are in the target range. Your health care team will help you achieve the target range of blood glucose.

Targets may vary, but are usually between 3.5 and 7mmol/L. These levels will maintain baby's healthy development and your good health. Many diabetes services will loan you a meter during your pregnancy.

Medical management

Once diabetes is diagnosed you will be referred to a specialist doctor and diabetes educator. The doctor will assess and monitor you and your baby as your pregnancy progresses. She / he may also prescribe medication to help keep blood glucose levels as close to normal as possible. This medication will most likely be insulin (in some cases tablets may be used). Not all women with gestational diabetes will need medication.

Seeing a diabetes educator and dietitian provides support and education to manage your diabetes. This service is free in public hospitals.

Some common questions and answers

Will my baby be born with diabetes?

Your baby will not be born with diabetes but will have a hereditary factor for developing diabetes later in life just as you have.

Will my baby be normal?

Guarantees for any pregnancy cannot be given but if gestational diabetes is well controlled, the outcome of pregnancy should be the same as anyone else.

Will I be able to deliver my baby normally?

A normal vaginal delivery will be planned, but the baby may be induced early to avoid any problems during delivery. A Caesarean section is only planned if there is a problem. These issues should be discussed with your doctor, obstetrician or midwife.

Will I be able to breastfeed my baby?

Yes, breastfeeding is encouraged for everyone.

Will this diabetes go away?

Gestational diabetes disappears after the birth of the baby.

Should I take any precautions before my next pregnancy?

Before you stop contraception you would be wise to check that you don't have diabetes. Diabetes may not cause obvious symptoms and if you wait until you are pregnant to get checked, the developing baby may be exposed to high blood glucose levels.

Will I have gestational diabetes in my next pregnancy?

Possibly. It is important to have checks during your next pregnancy to detect gestational diabetes early. In between pregnancies you should try to keep your weight under control and to continue to follow the healthy lifestyle you have adopted.

Will I have diabetes when I am older?

Quite possibly. It is known that some women develop diabetes within five years of the birth of their baby. About half are known to develop diabetes in middle age. Your best protection is a healthy diet and lifestyle and to have regular checkups with your doctor.

How will I know if diabetes comes back?

It is recommended that you have a blood glucose test within three months after the baby's birth. Thereafter have yearly checks. If you pass lost of urine, are very thirsty, or feel increasingly tired you should see your doctor.

For more information

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