

Gestational Diabetes

Your recent blood tests show one or more of the blood sugar levels are above the upper range and fits the diagnosis for gestational diabetes. Between three and 20 per cent of pregnant women develop gestational diabetes, depending on their risk factors.

What is Gestational Diabetes Mellitus?

Gestational diabetes mellitus is a type of diabetes that occurs during pregnancy. The hormones of your pregnancy make your blood glucose rise and your body cannot produce enough insulin to keep the sugar levels in the same range as before your pregnancy. Insulin helps your body to control the level of glucose (sugar) in your blood. If your body cannot produce enough insulin, your blood glucose (sugar) levels will rise. Most women with gestational diabetes can get control of the blood glucose (sugar) levels without taking medication by adjusting their diet and activity level. Even when diet and exercise alone cannot keep the blood sugars at the recommended level, gestational diabetes can be managed and you can expect to have a happy, healthy baby.

What does gestational diabetes mean for my baby?

Your baby does not have diabetes now and will not be born with diabetes. If gestational diabetes is untreated, high blood glucose (sugar) levels can increase the chance that your baby will weigh more than 4 kg (9lbs) and may result in a difficult delivery. Gestational diabetes can also increase the risk of your baby becoming overweight and developing type 2 diabetes in the future.

What does gestational diabetes mean for me?

When a woman has gestational diabetes, there is a higher chance that the baby will weigh more than 4 kg (9 lbs.) and may have a difficult delivery. This includes a higher chance of needing a C-section delivery and a longer recovery after giving birth. There may also be a higher chance of pregnancy related high blood pressure previously called pre-eclampsia (now called gestational hypertension) that can have a serious impact on a woman's and baby's health.

After your baby is born, your blood glucose (sugar) levels will usually return to normal. You will still be at higher risk to develop gestational diabetes in your next pregnancy and to developing diabetes in the future. You should have a follow up diabetes test about 6-8 weeks after the pregnancy to be sure the high blood sugar was related pregnancy hormones, and to make sure you did not develop diabetes that was simply found when you were tested during your pregnancy. Your family doctor will likely recommend you have testing for diabetes in the future as well. You should ask him or her how often this testing should be done but often it is recommended every few years, depending on your risk factors.

How is gestational diabetes managed?

You will be asked to stop eating some foods, for instance sugary drinks and foods, and adjust the amount of other foods you eat. You will be asked to eat regularly and choose healthy foods from all food groups. You will also be asked to increase your exercise activity to help lower your blood glucose (sugar). To help you to learn how to do this, **we are referring you to see a dietitian** at the Richmond Hospital Diabetes Education Clinic.

We are also referring you to see an internal medicine diabetes specialist to manage your blood glucose (sugar) levels and help to keep them in the target range. Having good blood glucose control will help you avoid complications in labour and delivery compared to uncontrolled blood sugar levels.

You will be asked to check your blood glucose by using a glucometer to measure the glucose in a drop of blood collected from your finger. The testing should be done as often as the dietitian and diabetes specialist recommend. At first it will be very often, before and after every meal and at bedtime, so the impact of your food choices on your glucose levels can be seen. As you learn how foods and activity change your blood glucose levels and as you get the blood glucose below the target level, you will probably test less often. The measurement of blood glucose (sugar) will help you, the dietitian, and the diabetes specialist doctor manage your gestational diabetes.

Sometimes healthy eating and physical activity cannot get your blood glucose (sugar) levels low enough and the diabetes specialist doctor may recommend insulin injections during your pregnancy. Insulin will help keep your blood glucose (sugar) level within your target range. This will help to keep you and your baby in good health. Take the insulin if the specialist doctor tells you it is needed. It is not a foreign drug you are exposing your baby to; insulin is a copy of the hormone your body makes for itself but provides your body higher amounts to reduce your blood glucose. If your gestational diabetes needs medication to control the blood glucose levels to the target level, we will recommend closer monitoring of your pregnancy and will ask a specialist in pregnancy problems (an obstetrician) to work with the Noakes Clinic doctors to take care of you.

For most women, following the healthy diet recommended by the dietitian will control blood glucose levels. Exercise also helps control blood sugar.

Please call to try to move your next appointment to an earlier date if you feel the need to have more questions answered, and we will try our best to answer them.

These links related to gestational diabetes will be useful resources to answer more questions.

- www.healthlinkbc.ca/health-topics/hw197466
- www.healthlinkbc.ca/health-topics/hw197466#hw197466-HealthTools
- www.diabetes.ca/about-diabetes/gestational