



NHS Tayside Diabetes Managed Clinical Network Patient Information Leaflet

Gestational Diabetes

Approximately 2 out of every 100 women develop diabetes during their pregnancy. This is called Gestational Diabetes and in the vast majority of cases it disappears after the baby is born.

Why does gestational diabetes develop?

Insulin is produced by the body and keeps blood sugar (glucose) levels under control.

During pregnancy, the body produces hormones (chemicals) that work against insulin; this means that more insulin is needed to keep the blood glucose normal.

If not enough insulin is produced to do this, blood sugar rises and diabetes develops. When the blood sugar is sufficiently high, glucose can pass through to the kidneys and into the urine.

Gestational diabetes is more common in women who are overweight but may develop in other situations. These include

- Gestational Diabetes in a previous pregnancy
- A large baby in a previous pregnancy (over 10lb)
- An unexplained stillbirth
- Being over 25 years old
- Family history of diabetes
- Previous difficult pregnancy and/or delivery

How is gestational diabetes diagnosed?

All women have their urine tested for sugar at the Ante-natal Clinic. If this is present, a blood sample is tested.

A sample for sugar is also sent at around the 30th week of pregnancy. If the sugar is high in either of these 'random' tests, a Glucose Tolerance Test is done. This involves an overnight fast, followed by a sugary drink and blood samples for glucose over a 2 hour period.

What treatment is needed?

High blood sugar levels in the mother pass to the baby. This causes the baby to grow very large and can lead to a difficult labour. Keeping your blood sugar under control will help to avoid this. If you smoke, you must stop immediately.

The amount and the type of food that you eat affect your blood sugar levels. The dietitian will advise you about healthy eating.

Healthy eating

- Eat regularly, 3 meals a day
- Avoid sweet and sugary foods
- Eat more high fibre and starchy foods (bread, potatoes, cereals, rice, pasta, chapattis) at every meal
- Cut down on fatty foods
- Eat plenty of fruit and vegetables - at least 5 portions a day

The Diabetes Specialist Nurse will show you how to test your blood sugar at home. You will be asked to do this regularly. Occasionally healthy eating on its own may not be sufficient to keep the blood sugar under control and insulin injections may be necessary. If this happens to you, the Diabetes team will be there to give you all the help you need.

Other useful information

- When you have Gestational Diabetes, you need regular assessment at the Ante-natal Clinic. A team of doctors and nurses specialising in both pregnancy and diabetes will look after you. You will also see a specialist dietitian. They will be interested in how well your baby is developing and how well controlled your blood sugar is. This will help to determine when and how your baby will be delivered. The aim will be for you to have a normal delivery, but your baby must be born in hospital. You will be able to breastfeed your baby if you wish.
- In most women, this type of diabetes disappears after the baby is born
- All women with Gestational Diabetes should have a Glucose Tolerance Test at around 6 weeks after their baby is born to make sure that this has happened
- There is a chance that diabetes could return with another pregnancy or with getting older.

It is advisable to have your blood sugar checked once a year, for life, to make sure that diabetes has not developed silently.

To avoid developing diabetes in the future

- Keep to a healthy diet
- Take regular exercise
- Keep your weight down to the ideal weight for your height