

# Gestational Diabetes A Guide to Care in Pregnancy

An information guide



# **Gestational Diabetes**

## **A Guide to Care in Pregnancy**

Your recent glucose tolerance test has shown that you have developed a condition called gestational diabetes.

### **What is gestational diabetes?**

Gestational diabetes is a type of diabetes which occurs in a proportion of pregnant women, the numbers of women who have this is increasing rapidly. It occurs when the body cannot keep blood sugar levels in control. It is thought to be due to the increased hormone levels in pregnancy blocking the action of insulin in the body; as the baby grows the pregnant woman's insulin needs increase. Some women do not produce enough insulin to compensate for this effect.

### **Why did I develop gestational diabetes?**

Certain factors make a woman more prone to developing gestational diabetes; this includes: prevalence in certain ethnic groups such as the Asian community, it is also likely to develop in women that are overweight, have a family history of Type 2 diabetes or have had gestational diabetes in a previous pregnancy.

### **Why is it important to treat gestational diabetes?**

It is important to keep blood sugars within the normal range to reduce complications to both mother and baby. The most common complication is the baby growing large, due to mum having too much sugar which in turn makes the baby's Pancreas work harder, then after delivery this can cause the baby's blood sugars to be low. If the baby is large, it increases the risk of birth difficulty or injury for mother and baby, Gestational diabetes also increases the chance of early delivery or caesarean section, or baby needing care

on the neonatal unit after birth, as well as increasing the baby's chances of obesity and developing diabetes later in life.

### **Management of gestational diabetes**

You will now be looked after by a specialist team which includes, a diabetes specialist or liaison midwife, diabetes consultant, obstetric consultant, diabetes specialist nurse and a dietician. They all have specialist knowledge and experience of caring for women with diabetes. You will be given contact details for the team.

In most women changes in diet and exercise alone will correct the blood sugars. In a small number of women it may be necessary to start oral medication or insulin for the duration of the pregnancy to lower the blood sugar levels. For most women the diabetes disappears after their baby is born. However women with gestational diabetes have a 50% chance of developing Type 2 diabetes in later life. This is linked with having a close family member with diabetes, and being overweight. However this risk can be reduced by eating healthily, losing body weight and taking regular exercise.

### **Controlling your blood sugars**

The first step to controlling gestational diabetes is to test your blood sugar levels regularly. You will be given a glucose meter and shown how to use it.

You will need to test your blood sugars at least four times a day, usually before each meal and one hour after each meal. You will be given the ideal blood sugar range for you to try and achieve, and the specialist team will advise you all about this.

## **Dietary advice**

Advice will be given by the specialist diabetes dietician regarding which foods to eat to keep your blood sugar levels under control.

In general it is important to avoid sugary drinks such as fizzy drinks and fruit juice, as well as food such as cake, biscuits, chocolate and sweets.

Aim to have 3 regular meals about 4-5 hours apart, and have a small portion of rice, bread, or potatoes. It is important that you only have a small portion of starchy carbohydrate foods as these foods will cause your blood glucose to rise.

It is better to fill up on vegetables and salads. If you are hungry in-between it is ok to have a small snack of a piece of fruit, a small yogurt a glass of milk or a handful of nuts.

Modifying your diet may be enough to maintain your blood sugar levels within a normal range and you may not require further treatment. Providing your condition allows it you will be advised to be active and enjoy regular gentle exercise such as walking, swimming, aqua aerobics or yoga. This can help prepare your body physically for labour and can help to regulate your blood sugar levels, as well as helping to prevent excess weight gain in pregnancy.

If, despite exercise and changes to your diet, your blood sugar levels remain high, you may be started on a tablet called metformin, but if the metformin does not control your sugars you will be given insulin to manage your diabetes, this is given by injection. You will be shown how to give the insulin injection and educated as to what your ideal blood sugar levels should be, high blood sugar levels (hyperglycaemia), and low blood sugar levels, (hypoglycaemia also

known as hypos) and how to correct this if this happens. This will be done in the joint diabetes antenatal clinic. You will be asked to check your blood sugars regularly, as well as before activities such as driving or exercise. Contact the diabetes team if you're having high blood sugar readings (hyperglycaemia) or experiencing hypos (low blood sugars), and stop driving until your blood sugars are under control and your diabetes team are happy for you to drive.

## **Driving**

If you drive and have gestational diabetes that is treated with insulin, you are required to inform the DVLA and your insurance company of your condition and the medication you are taking. For the safety of yourself and others, it is important that you check your blood sugar prior to driving as you may not always have symptoms that your blood sugar is low. As long as you are not experiencing frequent hypoglycaemia, you will be able to continue driving. If your treatment carries on for more than 3 months you will be required to contact the DVLA again. The joint diabetes team will advise you on this.

## **Antenatal care**

The obstetricians will monitor you and your baby's health regularly, and this will mean regular visits to the antenatal clinic at the hospital. This can help reduce any risks from gestational diabetes to you and your baby. To check the health of your baby, scans will be carried out to measure the growth of the baby, and the amount of amniotic fluid around it, measured from 28 weeks gestation and regularly until you deliver. Your blood pressure and urine will be checked at each visit, so always bring a sample with you. This is important as it can alert us to problems with blood pressure, infection and high blood sugar levels. The best time for delivery for you and your baby will be based on your own health and that of your baby during the pregnancy. This may be earlier than your due date, and may necessitate induction of labour or caesarean section,

and will be fully discussed with you later in pregnancy.

### **Care in labour and delivery**

We aim for a normal delivery as long as your diabetes is well controlled and there are no other contributing factors. In labour and delivery you will be closely monitored in order to observe you and your baby's condition. This may include external electronic monitoring of the baby's heart rate, regular blood pressure checks, pulse, temperature and urine tests, monitoring of blood sugar levels and a glucose or insulin drip if required, as well as regularly checking the progress of labour.

### **Care for your baby after delivery**

If you have had insulin or metformin for treatment of your diabetes, your baby's blood sugar levels may initially be low after they are born. This is due to the baby producing high levels of insulin to keep the sugars down. After birth these high insulin levels are no longer needed and will stabilise gradually. Therefore if you have been on insulin or Metformin in pregnancy your baby's blood sugar will be tested regularly for the first day or so, by performing a heel prick, and treated accordingly until stable. You can help reduce your baby's chances of low blood sugar by keeping good control of your sugars during pregnancy and placing your baby in skin to skin contact as soon as possible after the birth, and giving the first feed within 30 minutes of birth, followed by regular feeds.

### **Feeding your baby**

During your pregnancy you will have the opportunity to discuss with your midwife how you wish to feed your baby. Breastfeeding offers many benefits to mothers and babies, especially those with diabetes. It can help reduce the chance of baby developing diabetes later on in life, reduces baby's risks of obesity, ear infections, digestive problems and allergies. There are many

benefits for you as well. These include reducing risks of breast and ovarian cancer, hip fractures and importantly can help delay or reduce the onset of Type 2 diabetes later in life. Further written information regarding breastfeeding and diabetes is available from your midwife.

## **Following birth**

After delivery any medication you may have been on, including insulin will be stopped. On discharge from hospital advice regarding lifestyle and dietary changes will be given, to reduce the risk of you developing Type 2 diabetes in the future. Your GP will contact you about 3 months after delivery to ask you to go for a blood test. It is important that you attend this appointment to ensure the diabetes has disappeared.

Having gestational diabetes in one pregnancy increases the risk of it occurring in future pregnancies. Therefore to reduce the chance of gestational diabetes in subsequent pregnancies, it is important when planning a pregnancy to eat healthily, reduce your weight to the normal range, and commence taking folic acid, preferably before becoming pregnant. Make an appointment with a midwife as soon as you know you are pregnant, so they can refer you to the hospital for antenatal care early in pregnancy. You can then be screened for gestational diabetes and monitored accordingly.

## **Resources for further information include:**

[www.nice.org.uk](http://www.nice.org.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[www.nhs.uk](http://www.nhs.uk) (NHS Choices)

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

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**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

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