

Your Guide to Gestational Diabetes

Diabetes Care Department
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What is gestational diabetes?

Gestational diabetes is a type of diabetes that can develop while you are pregnant (usually later in the pregnancy) and usually goes away after giving birth.

In some women diabetes may be diagnosed early in the pregnancy. If this is the case you may have had diabetes before you were pregnant and it may not go away after giving birth.

Gestational diabetes affects at least five in every 100 pregnant women.

Causes

The hormones produced during pregnancy can make it more difficult for your body to use its own insulin effectively. This is called insulin resistance.

If a woman's body cannot make enough insulin, or cannot use the insulin in her body properly, her blood glucose rises as a result of gestational diabetes.

Who is at risk?

You are more likely to get gestational diabetes if you:

- Are overweight
- Have had gestational diabetes before
- Have had a large baby before (over 4.5kg/10lb)
- Have a family history of diabetes (parent or sibling)
- Have a South Asian, Black or African Caribbean, or middle Eastern background
- Polycystic ovary syndrome (PCOS)

Possible complications

To you:

- Induced labour
- A higher risk of needing a caesarean section
- High blood pressure in pregnancy
- Pre-eclampsia
- Polyhydramnious (increased fluid around the baby)

To your baby:

- Larger than normal baby, which could potentially lead to difficulty with delivery of the baby's shoulders
- Low blood glucose (sugar) in the first 48 hours, which may need special care baby unit admission
- Having higher risk of developing type 2 diabetes later in life
- A small risk of still birth

You can make a difference to how you are affected by gestational diabetes by:

- Eating a healthy, balanced diet
- Being as active as you can
- Setting yourself goals to improve your health
- Taking your medication as prescribed
- Getting support to look after yourself
- Going to your healthcare appointments

Testing your blood glucose

When you have gestational diabetes it is really important to test your blood glucose levels at home. It helps you and your healthcare team work out the best way of managing your condition.

You will have been given a blood glucose meter and taught how to use it. Your ongoing test strips and lancets will be obtained from your GP.

Remember:

- Always wash your hands with soap and water prior to testing
- Make sure your hands are warm; it's easier to get the blood
- Prick the side of the finger, not the middle or too close to the nail
- Use a different finger each time and a different part
- Avoid using the index finger and thumb
- Keep a diary of your results - you'll be able to spot trends

Blood glucose targets

- ♦ **Fasting: below 5.3 mmol/l**
- ♦ **One hour after meals: below 7.8 mmol/l**

You need to contact your diabetes team if you get two or more readings above the targets.

Treatment

For some women changes to their diet and physical activity can help them to reach their targets.

You will have seen a dietician and been given information on **Healthy eating for gestational diabetes.**

Physical activity

Activity helps to manage your gestational diabetes because it increases the amount of glucose (sugar) used by your muscles for energy, so it usually lowers blood glucose levels. Also, being active helps the body use its own insulin more efficiently.

Women with gestational diabetes should aim to complete 30 minutes of activity after a meal.

Medication

Often medication is needed to keep your blood glucose levels to target. This can be either:

Metformin - a tablet which helps reduce insulin resistance and is safe to use in pregnancy.

AND/OR

Insulin - how often you will need it will be dependant on your blood glucose levels. This is really easy to do and is less painful than your blood glucose monitoring.

If you need to start these you will be taught how to use them by the diabetes specialist nurse.

Will my care be different now I have gestational diabetes?

Your maternity unit has a specialised team of midwives, diabetes nurses and doctors who will help care for you and your baby.

This means that more of your antenatal care will happen at the maternity unit at either Lincoln Hospital or Pilgrim Hospital and your progress during pregnancy will be monitored more closely. Extra antenatal checks and scans may be needed to monitor your baby's growth.

You will have contact with your diabetes team at least every two weeks.

During labour

During labour the midwife will continue to monitor your blood glucose level and there is a small possibility that you may need an insulin drip if your blood sugar levels are too high.

After delivery

Once you have delivered your baby your pregnancy hormones return to normal and you can usually stop blood glucose testing and any treatment for diabetes you have been on.

Your midwife will check yours and baby's blood glucose levels after delivery and if they are normal you do not need to do any more testing.

You will need to have a fasting blood glucose test with your GP six weeks post delivery to ensure blood glucose levels have returned to normal.

You will need an annual HbA1c (which is your average blood glucose level for the last two to three months) with your GP as you are at higher risk of developing Type 2 diabetes in the future.

If you decide to have another baby please have a HbA1c test prior to conception to ensure you have not developed diabetes.

Having gestational diabetes can increase your risk of developing it in other pregnancies.

You are also at a greater risk of developing Type 2 diabetes in later life.

Women can reduce their risk by managing their weight, eating healthily and keeping active before pregnancy.

Where to get help

Your Lincoln Diabetes Team contact:

Voicemail: 01522 573074

Email: diabetes.specialistnurseslch@ulh.nhs.uk

Your Pilgrim Diabetes Team contact:

01205 445816

This leaflet should only be used with the ongoing advice from the Diabetes Team, as part of your plan of care.

References

- NICE diabetes in pregnancy (NG3): management from pre-conception to the postnatal period. August 2015
- Everyday life with gestational diabetes. Diabetes UK. November 2018

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

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