



HUTT maternity

Hutt Valley Maternity Care

Gestational diabetes – what does this mean for you?

Information for women

I have been told I have Gestational Diabetes. What is it?

Diabetes is a group of disorders in which a person has too much glucose or sugar, in their bloodstream.

There are 3 main types of diabetes:

Type 1, Type 2 and Gestational, or pregnancy diabetes. They all happen because the pancreas can't produce enough insulin, or can't use the insulin it makes effectively.

Insulin is a hormone that acts like a key that lets cells take glucose from the blood to use as energy. If there isn't enough insulin, glucose from the food we eat can't be used and it builds up in our bloodstream.

All pregnant women need glucose and other nutrients to pass across the placenta for their baby's growth and development. By the end of pregnancy, women will produce 2-3 times as much insulin as normal. Some women aren't able to produce enough insulin and so their blood glucose levels rise. These women have Gestational Diabetes (GDM).

Why me?

We don't yet know what causes GDM but we know that women with the following risk factors are more likely to get it:

- Ethnicity (Maori, Pacific Island, Indian, Asian)
- Obesity or large weight gain in pregnancy
- Family history of diabetes
- Age over 40
- Previous GDM
- Previous large baby (macrosomia)

- Previous unexplained stillbirth or shoulder dystocia
- Polycystic Ovarian Syndrome (PCOS)

How will it affect my pregnancy?

High blood sugar levels in mothers have been shown to affect both mother & baby.

You may feel no different with GDM but some women become very thirsty, pass urine often, or feel very tired, plus you may have had more urine infections or thrush than normal.

You may have a higher chance of developing pre-eclampsia (toxaemia) & polyhydramnios (extra water around baby which can be uncomfortable and lead to preterm labour). These will be watched for by your midwife and obstetricians.

Induction of labour may be recommended before your due date. There is a bigger risk of needing a Caesarean Section with GDM.

However, if you can keep your blood glucose levels within normal ranges these risks are very reduced.

Will I need insulin?

Some women need treatment with insulin or a tablet called metformin despite doing all they can with diet and exercise. Your diabetes nurse will teach you how to give insulin and how to prevent and treat side effects such as hypoglycaemia (blood glucose too low). Most women find it much easier than they think.

Metformin is a tablet used for treating Type 2 diabetes which is suitable as an alternative for some

women with GDM. These women may still need insulin. Metformin does cross the placenta to the baby but has been shown in studies to be safe.

How will it affect my baby?

If you are doing all you can with a healthy diet & exercise plus medication if needed, you should have a healthy baby.

Because of extra glucose your baby can grow larger than normal. Your baby may be at risk of low blood glucose after it is born. He or she will be tested using heel prick rather than finger prick tests in the first 12 hours and if blood glucose is low, will be treated first with breast milk and possibly with dextrose through a drip.

Babies of mothers with GDM are also at greater risk of respiratory (breathing) problems initially, and also jaundice.

Will my baby have diabetes?

No your baby won't be born with diabetes. However, it is known that children whose mothers had GDM have a greater risk later in life of Type 2 diabetes so it is important to ensure your child has a healthy diet with plenty of exercise, with breastfeeding as the first step.

Can I breastfeed my baby?

Yes! The many benefits of breastfeeding may include protection against obesity and diabetes in later life. It may be suggested that you express and collect milk (called Antenatal Expression) before you have your baby to help protect against his/her

having too low a blood glucose soon after he/she is born. Ask your midwife about this.

What can I do to help myself?

You will be given advice on changing your diet by the dietician, mainly cutting out sugary and fried foods, eating more fruit and vegetables and high fibre foods.

Exercise is very important in helping to control your blood glucose. Aim to do 20 – 30 minutes a day of gentle exercise such as walking or swimming. A brisk walk after your meal can really help reduce your blood glucose.

You will be taught how to monitor your blood glucose levels using a small meter. We know that women find it very difficult to write down high readings, but it is important that you and we know if your readings are high so that we can help you take control of your diabetes.

Feelings and Anxiety?

To find out you have GDM can cause a variety of feelings including fear, anxiety, anger and depression. It can seem overwhelming to suddenly have your pregnancy labelled as high risk and it can be difficult to manage alongside your busy work and family life.

Support from your partner, family, midwife and the Antenatal Diabetes team can help make this a positive experience for you.

Will I still have diabetes after my baby is born?

For most women GDM goes away after the baby is born. Some women though will have either Type 2 diabetes or pre-diabetes after the pregnancy. To make sure that the diabetes is gone we ask you to do another blood test 6 weeks after your baby is born.

Will I get it in my next pregnancy?

Even if the GDM goes away after your baby is born, you have a strong chance of having GDM in your next pregnancy.

The women that don't develop diabetes again have usually lost weight between pregnancies by maintaining the healthy, balanced diet that you are learning about and also by increasing their physical activity levels. There are many ways to do this and local organisations that can help such as Te Awakairangi Health Network.

Useful links

Te Awakairangi Health Network

<http://www.teawakairangihealth.org.nz/>

Provide a wide range of services in the Hutt Valley including:

- Good Food Programme: a free, hands on practical cooking programme
- Healthy Families Coach: One on one physical activity and lifestyle support for individuals or families for up to six months in their home or community for Pacific, Maori or low income families

Diabetes New Zealand

<https://www.diabetes.org.nz/home>

Green prescription

Be referred to Sport Wellington for 3-6 months of free phone support with planning your physical activity programme. Also subsidised to pools and gyms in the Hutt

Tapuaki website and App

A pacific website with a great pregnancy app for your phone. Full of advice on all aspects of pregnancy and parenting.

<http://www.tapuaki.org.nz/>

Hutt Maternity website and Facebook page

<http://www.huttmaternity.org.nz>

<https://www.facebook.com/huttmaternity/>

Contact details

Diabetes nurse educators:

Ph. 570 9951

Maternity Assessment Unit:

(on ground floor opposite flower shop)

Mon-Fri 8-4.30pm.

Ph. 570 9282 or 587 2649.

Delivery Suite:

Open 24 hours a day

Ph. 569 7535