Gestational Diabetes
What is it? How do we treat it?

A Gestational Diabetes Information Booklet

Supported by
Gestational diabetes is having too much glucose (sugar) in your blood when you’re pregnant.

I had gestational diabetes with my first baby.

I am over 30 and my mother had diabetes.

Torres Strait Islander, Aboriginal and Asian women are more at risk.

Some pregnant women are more likely to get gestational diabetes than other women.
Pregnancy changes and glucose

Pregnancy hormones made by the placenta help baby to grow.

During pregnancy, women have to make 2 or 3 times more insulin than usual, because the pregnancy hormones stop insulin working properly.
At 28 weeks, the placenta is making a lot of the hormones that block insulin.

If your pancreas can’t make enough extra insulin...

then glucose builds up in your blood, and you have gestational diabetes.
The glucose in your blood goes through the placenta into baby’s blood.

Whatever your blood glucose level is, baby’s is the same.

The more glucose that goes to baby, the more insulin baby makes.

Lots of insulin and glucose makes baby grow too big.
How is gestational diabetes diagnosed?

With an oral glucose tolerance test (OGTT)

THERE ARE FOUR STEPS TO THE TEST:

Step 1.
Fasting blood test
Nothing to eat after your evening meal, then drink only water until you’ve done the test.

Step 2.
Have a sweet drink and wait 2 hours.

Step 3.
1 hour blood test

Step 4.
2 hour blood test
Test results will take a few days. If you have gestational diabetes, your test results will be in the red area.

**POSITIVE**
Your blood glucose levels are too high.

**NEGATIVE**
Your blood glucose levels are healthy.
If gestational diabetes is not treated, high blood glucose levels can cause problems like...

- Baby growing too big
- Difficult birth
- Needing caesarean section
- Too much fluid around baby
- Baby being born too early

and after birth, baby having

- low blood glucose levels
- breathing problems
- jaundice (yellow eyes & skin)

If your blood glucose levels stay too high for too long, it can damage your baby.
To manage gestational diabetes during pregnancy...

Eat healthy food ...

...see booklet ‘Eating for Gestational Diabetes’

Do some gentle exercise ...

to help lower blood glucose levels.

Talk to your health team about exercising when you are pregnant.
Testing your blood glucose levels

• Test before you eat or drink anything in the morning.
• Your health team will tell you what other times to test and what levels are good.

• Record your results in your blood glucose record book
• Your clinic might have a monitor for you to borrow, or you might need to buy one.
• You will need to fill out a National Diabetes Services Scheme (NDSS) form so that you can get cheaper test strips.
Test your blood glucose levels each day:

If you eat healthy food and exercise but your blood glucose levels are still too high, it means your body can’t make enough extra insulin for pregnancy.

You may need to inject insulin or use tablets if your doctor thinks this is suitable.

...see booklet 'Starting Insulin Injections'

It will not hurt the baby.

Your diabetes educator, nurse or health worker will teach you to give yourself injections.

Put lancets and needles in a sharps container

Keep all equipment (monitor, lancets, pens) out of reach of children!!
Regular clinic visits

Visit the clinic regularly, (every 1 or 2 weeks)

Bring your:
• blood glucose record book and
• food records

so we can see how your treatment is working.

If you are on insulin injections you might need to go to the clinic every 3 or 4 days to have your insulin adjusted.

Check your weight gain.

See your diabetes and pregnancy health team (e.g.: health worker, doctors, diabetes educator, dietician).
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Other booklets in this series:

- How Your Body Works
- Eating for Gestational Diabetes
- Starting Insulin Injections
- After Baby is Born

To order additional resources, e: resource.coordination@diabetesqld.org.au