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PATIENT INFORMATION ON GESTATIONAL DIABETES

Gestational diabetes is a form of diabetes that presents during pregnancy, usually going away after your baby is born. This means that the levels of sugar (glucose) in your blood are abnormally high. A hormone called insulin, which is naturally produced by your body usually helps to lower this glucose level within the blood. However, with gestational diabetes, your body's own insulin may not be enough, or your body becomes more resistant to it, so you are less able to control your high blood glucose levels.

It can happen at any stage of pregnancy but is more common in the second or third trimester.

Gestational diabetes can cause problems for you and your baby during pregnancy and after birth. But the risks can be reduced if the condition is detected early and well managed.

Risk factors for developing Gestational Diabetes

Gestational diabetes is more likely to occur in cases such as:

- If there is a close family history of diabetes (if your mother, father, siblings, or other children have diabetes).
- If your community midwife in clinic has noted there is persistent glucose in your urine sample.
- Women who originate anywhere in the world outside of Europe.
- Women who have had gestational diabetes before.
- Women with more water around their baby than normal.
- Your body mass index (BMI) is 30 or above.
- Women who have previously had a baby with a birthweight of 4.5kgs or more, or if your baby in your current pregnancy is plotting above the 90th centile on your individualised growth chart.

Very rarely, it may be that you had diabetes before you became pregnant; meaning you have either type 1 or type 2 diabetes, but this may only have been detected during pregnancy.

Potential problems for you or your baby.

Whilst being told you have diabetes can be an anxious time for you and your family, please be aware that with a healthy, balanced diet, light exercise, attendance of all clinic appointments and good control of your blood glucose levels, most women and babies remain healthy.

However, having gestational diabetes does require more medical intervention to minimise the risks to yourself and your baby. Therefore, you may be offered an induction of labour or elective caesarean section around your due date. This is dependent on numerous factors, including your baby's predicted

birth weight, whether any previous children were born via caesarean section or vaginal delivery; along with balanced, individualised medical advice between both your diabetes and obstetric consultants.

Some of the risks to you and your baby can include

- Premature birth (less than 37 weeks of pregnancy).
- Greater risk of developing gestational diabetes in future pregnancies.
- Greater risk of you developing type 2 diabetes later in life.
- Your baby may have unstable blood glucose levels for a while after birth (we monitor these on every baby and ensure they are stable before discharging you and your baby home).
- Your baby could be born either larger or smaller than expected.

Your pregnancy experience

As a pregnant woman with gestational diabetes, you will be considered at greater risk, and so will be regularly invited to a joint clinic run by diabetes and obstetric consultants to look at the whole picture from both a diabetes and pregnancy point of view.

During these appointments, doctors will look at your pregnancy generally and the growth of your baby, alongside your blood glucose levels (which you will write down in a special book given to you at your initial appointment). This is to determine when you require any further scans for your baby, further appointments in the hospital or further medication to control your blood glucose levels.

Your midwife and the midwife team will be there to discuss any concerns you may have, and to discuss areas of your pregnancy unrelated to your diabetes, so you can have a positive experience with a small group of midwives who will get to know your individual background.

Treating gestational diabetes

Once you have been diagnosed with gestational diabetes, you will be invited to a clinic appointment with specialist diabetes nurses and dieticians to discuss helpful changes to your diet and activity levels, in order to help you control your blood glucose levels.

You will also be taught how to monitor your blood glucose levels at home and be provided with an orange book to record your blood glucose readings, a blood glucose meter and test strips, which you should carry with you at all times and use as instructed.

Top tip: It is important to carry your pregnancy notes, diabetes notes, blood glucose meter and test strips everywhere with you, including work, the school run, holidays, days out, hospital appointments etc. This is so that if you have a problem, you can test your blood glucose immediately, or if you need to attend a hospital, then you have all of your medical information to hand.

There are three ways in which gestational diabetes can be controlled:

1. **Diet controlled:** whereby positive changes to your diet and the introduction of light, regular exercise can be enough to control your blood glucose levels within your individual target range.
2. **Metformin controlled:** if your blood glucose remains above your target range after changes to your diet, you may be given a tablet called metformin to take at certain mealtimes, which can further help to control your blood glucose levels.
3. **Insulin controlled:** if, with both the above two measures, your blood glucose remains outside the target range, then you may be advised to start insulin either on its own or alongside metformin.

This means you are either insulin controlled only, or insulin and metformin controlled.

If you require insulin to control your gestational diabetes, again, do not worry. You will be taught how to store and safely inject your insulin at home.

There are two types of insulin that we can use to control gestational diabetes: 'short-acting' insulin and 'long-acting' insulin; whereby you may require one or both to control your blood glucose levels.

'Short-acting' insulin is given at some or all mealtimes. 'Long-acting' insulin helps to control your blood glucose over a longer period of time, and therefore may only be given before bed, for example.

Follow up

Gestational diabetes normally goes away after birth. But women who've had it are more likely to develop:

- gestational diabetes again in future pregnancies
- type 2 diabetes – a lifelong type of diabetes

You should have a blood test to check for diabetes 6 to 13 weeks after giving birth, and once every year after that if the result is normal.

Be aware of the signs and symptoms of diabetes as speak to your GP if you develop any of the following:

- Passing more urine than normal.
- Increased thirst
- Tiredness
- Unexplained weight loss
- Frequent infections
- Vaginal thrush

You should have the tests even if you feel well, as many people with diabetes do not have any symptoms.

Future risk of diabetes

- Be the right weight for your height (normal BMI)
- Eat healthily and take regular exercise
- Cut down on sugar, fatty and fried food
- You can get advice from your health care team about losing weight/healthy eating from your; GP, practice nurse, dietitian, health visitor.

Some research has suggested that babies of mothers who had gestational diabetes may be more likely to develop diabetes or become obese later in life.

Planning future pregnancies

If you've had gestational diabetes before and you're planning to get pregnant, make sure you get checked for diabetes. Your GP can arrange this.

If you do have diabetes, you should be referred to a diabetes pre-conception clinic for support to ensure your condition is well controlled before you get pregnant.

If you have an unplanned pregnancy, talk to your GP and tell them you had gestational diabetes in your previous pregnancy.

If tests show you do not have diabetes, you'll be offered screening earlier in pregnancy (soon after your first midwife appointment) and another test at 24 to 28 weeks if the first test is normal.

Alternatively, your midwife or doctor may suggest you test your blood sugar levels yourself using a finger-pricking device in the same way as you did during your previous gestational diabetes.

Useful contacts & links

- Royal College: <https://rcog.org.uk/media/b10mqyfw/pi-gestational-diabetes.pdf>
- Gestational Diabetes Society: <https://www.gestationaldiabetes.co.uk/>
- Patient UK - <https://patient.info/pregnancy/pregnancy-complications/diabetes-and-pregnancy>
- NHS Choices, <https://www.nhs.uk/conditions/gestational-diabetes/>

If you have further questions:

Maternity advice line (triage) 0300 422 5541

Call the ***practice*** on *01285 653184* or *01285 653122*

If you require ***urgent*** medical advice, call *111 (24 Hrs)*

In an ***emergency*** call ***999***