About Gestational Diabetes

Gestational diabetes is high blood glucose (blood sugar) during pregnancy. It begins in the second or third trimester and often goes away (85 to 90% of the time) after the baby is born.

What causes gestational diabetes?

Pregnancy itself is the cause. During pregnancy, your baby gets food from you. The placenta is an organ in the uterus (womb) that supplies food to your baby. The umbilical cord connects your baby to the placenta. The placenta also makes hormones that raise your blood sugar. Insulin lets your body use blood sugar for energy. Some women cannot make enough insulin to cover this increased need for insulin during pregnancy. This results in gestational diabetes.

Will my baby be healthy?

Yes, you can have a healthy baby. The most important thing is to keep your blood sugar level as close to normal as possible (60 to 120 mg/dl).

High blood sugar during pregnancy can cause:

- A very large baby, which makes delivery more difficult and could slow the baby's lung development.
- Birth defects in the baby.
- Low blood sugar, also called hypoglycemia, in the baby during the first few hours or days after birth. Hypoglycemia can be checked by frequent tests of the baby's blood sugar after birth.

As a mother with gestational diabetes, you will be followed closely to find out how your baby is developing. You will have tests to check your baby's heart rate, growth and movement. Problems are less common if you keep your blood sugar under good control.

What can I do to keep my blood sugar under control?

You can help keep your blood sugar under control by:

- Following your diet.
- Doing moderate exercise.
- Checking your blood sugar.

Talk with your doctor, nurse and dietitian about your diet. Staying on your diet is often the best way to keep your blood sugar level in the normal range. Sometimes diet is not enough and insulin is needed to control blood sugar. Insulin cannot be taken as a pill. It must be taken as an injection (shot).
If you need insulin, your nurse will also show you:

- How to prepare and give your own shot.
- How to recognize the signs of too little insulin (high blood sugar) or too much insulin (low blood sugar).

**How do I check my blood sugar?**

Self-monitoring of blood glucose is used to check your blood sugar. The test is done by sticking your finger for a drop of blood. The drop of blood is put on a special chemically treated strip. Your nurse will show you how this is done. Your blood sugar level will need to be checked 4 to 8 times a day.

Checking your blood for glucose and urine for ketones helps you to know how well your diabetes is controlled. Urine does not normally have ketones. Ketones in your urine mean that your body is using fat for energy and your diabetes is not well controlled. Your doctor will tell you if you need to check your urine for ketones and how often to check.

During pregnancy more sugar is normally present in the urine, so urine sugar levels are not as accurate as blood sugar levels for diabetes control.

Your nurse will show you how to check your blood sugar and urine ketone levels, if needed. Keep a detailed record, so changes can be made in your diet, activity and insulin. Your doctor and nurse will go over your glucose and ketone records at each visit.

**What are the chances my baby will have diabetes?**

The chances of your baby having diabetes at birth are very small. Most children of mothers who had diabetes during pregnancy never develop diabetes. Those who do develop diabetes usually do so later in life.

**What are my chances of developing diabetes?**

If you become a parent again, there is a 90% chance of having gestational diabetes. There is also a 50 to 60% chance you will develop Type 2 diabetes later in life if you had gestational diabetes. You can reduce your risks of later developing diabetes by maintaining a normal weight. If you are overweight, losing weight is very important. Your doctor will talk to you about testing for diabetes 6 to 12 weeks after delivery.

**Can I breastfeed my baby?**

Yes! Most mothers with gestational diabetes have normal blood sugar levels soon after delivery. Your doctor will discuss your condition with you after the birth of your baby. You should be able to breastfeed even if your diabetes is still present. You may need more calories than before pregnancy to help you make milk for your baby. A dietitian will help you plan changes in your diet. Your doctor will make changes in your insulin if it is still needed. These changes are important for your health and your baby’s health.
What does all this mean for me?

The more you know about gestational diabetes, the easier it will be to control your blood sugar and prevent problems for you and your baby. There are many health professionals to help you, but you are responsible for your care each day. If you take good care of yourself, you will increase your chances of having a healthy baby.