

# Gestational Diabetes

Guide for pregnant women

## What is gestational diabetes?

Gestational diabetes (GDM) means that the body has a problem with insulin during pregnancy, due to increased hormones from the placenta.

During pregnancy, the body needs more insulin to keep blood sugars at the right level. If the body cannot produce enough insulin, this can lead to high blood sugars.

Gestational diabetes is the most common health problem in pregnancy. It usually occurs between 24 to 28 weeks of pregnancy. Between three to twenty per cent of pregnant women develop gestational diabetes, depending on their risk factors.

### Risk Factors for GDM:

- Older than 35 years of age.
- Member of a high-risk group (Aboriginal, Hispanic, Asian, African, South Asian).
- Having excess weight (BMI of 30kg/m<sup>2</sup> or higher) prior to pregnancy
- Excess weight gain during pregnancy
- Previously given birth to a baby that weighed more than 4kg (9lbs).
- Certain medications.
- GDM in a previous pregnancy.
- Having parents or siblings with diabetes.
- Previous diagnosis of pre-diabetes, polycystic ovarian syndrome (PCOS) or acanthosis nigricans (darkened patches of the skin).

## What should my blood sugar be?

Fasting or before meals: 3.8 to 5.2 mmol/l

One hour after meals: less than 7.8 mmol/l

## What does GDM mean for my baby?

Most women who have gestational diabetes give birth to a healthy baby. Below are some conditions that can result if gestational diabetes is left untreated.

- Large baby (more than 4 kg or 9 lbs.).
- Jaundice.
- Baby's blood sugar can be too low at birth. You may need to start breastfeeding right away to get more sugar into the baby's system.
- Baby is at a higher risk to develop type 2 diabetes and obesity in the future.
- Possible injury to baby during delivery.

## What does GDM mean for me?

A diagnosis of GDM means you will be working very closely with your health care team to manage your blood sugars. This will help reduce the risk of certain complications.

- Premature labor.
- Difficult delivery (higher risk for caesarian section).
- Higher risk of developing GDM at next pregnancy.
- Higher risk of developing type 2 diabetes in the future.

## How do I get my blood sugars within targets?

### **Achieve a normal pregnancy weight gain**

The amount of weight you gain will vary depending on your weight before pregnancy. Weight loss is not recommended during pregnancy. Speak to your health care provider regarding the appropriate weight gain for you.

### **Be physically active**

Regular physical activity helps control your blood sugar levels. Activities like walking and swimming are helpful. The activity does not have to be hard. The goal is to get up and move. Talk with your doctor or midwife about creating an exercise plan that works for you.

### **Check your blood sugar at home**

Checking your blood sugars will help you and your healthcare team manage your GDM.

### **Take insulin, if needed**

Sometimes healthy eating and physical activity is not enough to manage your blood sugars. Insulin will help keep your blood sugar levels within target.

### **Choose a healthy diet**

You will likely meet with a dietitian who will help you manage your blood sugar levels and provide the best nutrition for you and your baby.

### **Here are some helpful tips for a healthy diet:**

- Eat three meals and three between meal snacks per day. Aim to have a meal or snack every two to three hours.
- Eat a variety of foods from all food groups of the Canada Food Guide guidelines.
- Avoid consuming fruit at breakfast and snacks. Eat fruit with your lunch and supper. Avoid fruit juices.
- Fill half your plate with vegetables at lunch and supper.
- Include a choice of protein such as meat, poultry, fish, eggs, fat reduced cheese, peanut butter, nuts, tofu, lentils or beans in your meals and in the morning snack.
- Avoid sweetened beverages such as juice, lemonade, iced tea, carbonated beverages and specialty coffees.
- Avoid sweet foods such as cakes, pies, cookies, ice cream, doughnuts and sugars such as white sugar, brown sugar, syrup, honey, molasses and jam.
- Equal®/Nutrasweet® (Aspartame), Splenda® (Sucralose), Hermesetas® (Saccharin), Truvia®(Stevia) and Acesulfame-K are artificial sweeteners, which may be consumed, in small quantities. SugarTwin® and Sweet'n Low® (Cyclamates) are not recommended during pregnancy.

## Is this permanent?

The good news is after you give birth, gestational diabetes usually goes away. Blood sugar returns to normal after delivery. You probably won't need to keep checking your blood sugar at home. There is a small possibility that diabetes stays.

## What happens after pregnancy?

Now that you have your new newborn in your arms, here are some tips to keep you and your family in good health.

### Stay active

Being active helps you lower your risk of obesity, diabetes, and other health problems. It will improve your energy levels and make you feel better overall.

### Eat healthy

Healthy eating is important not only during pregnancy but throughout your life.

### Maintain a healthy weight

A healthy weight will lower your risks of diabetes, heart disease and other health problems.

### Breastfeed

Breastfeeding is the best way to feed your baby. It is also a great way to lose the weight gained during pregnancy.

### Get tested for diabetes

Be screened for type 2 diabetes after your pregnancy:

- within 6 weeks to 6 months of giving birth
- every 3 years (or more often depending on your risk factors).

## Planning a future pregnancy?

There are a few things to consider before becoming pregnant:

- Be tested for diabetes.
- If your diabetes test was abnormal after delivery, work with your healthcare team to make sure your blood sugar levels are normal before you try to become pregnant.
- Take your folic acid. Take a daily multivitamin with 1mg of folic acid at least three months before getting pregnant. Some women might benefit from more folic acid. Ask your healthcare provider what is recommended for you.
- Maintain a healthy weight. A healthy weight before pregnancy helps reduce complications during pregnancy.
- If you are pregnant and have had a diagnosis of GDM in one of your last pregnancies, you should be screened for GDM earlier than 24 weeks of gestation.

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5100247 (20-08)