Gestational Diabetes – Information for you

You have been given this leaflet because you have been diagnosed with gestational diabetes. We hope this will answer any questions you may have. Please do not hesitate to contact your obstetrician, diabetes nurse or midwife if you have any questions or concerns.

What is gestational diabetes?

Gestational diabetes (GDM) is a type of diabetes that only occurs during pregnancy.

A hormone called insulin controls your blood sugar. Your body handles sugar differently during pregnancy and it needs to produce more insulin to keep your sugar levels stable. In gestational diabetes, not enough extra insulin is produced and blood sugar levels rise.

How can GDM affect my baby?

High sugar levels can cause the baby to put on extra weight in the womb. This can sometimes cause problems during labour, for example slow labour, difficulty delivering the baby's shoulders and increased risk of emergency caesarean section. You can reduce these risks by controlling your blood sugar levels during your pregnancy. There may be a small increased risk of stillbirth if GDM is not well controlled.

There is a small chance that your baby could have low blood sugar levels shortly after birth. Therefore we ask you to stay in hospital for 24 hours so that baby's blood sugars levels can be monitored.

We can reduce these risks by controlling your blood sugar levels during labour and feeding your baby soon after birth.

What are the risks to me?

You may have an increased chance of induction of labour, caesarean section and tears to the skin and muscles surrounding your vagina and bottom during birth. You can reduce these risks by controlling your blood sugar levels during pregnancy.

You have a higher risk of developing GDM in future pregnancies. You can reduce this risk by losing weight if you are overweight before your next pregnancy.

You may have a higher risk of developing pre-eclampsia (high blood pressure and protein in the urine), particularly if you are overweight. We will check regularly for any signs of pre-eclampsia.

You have a higher risk of developing diabetes later on in life. We think this risk is between 40 - 60% over the next 10 -15 years. You can reduce this risk by eating a healthy diet and losing weight if you are overweight.

compassionate care

How is GDM treated?

We will offer you extra hospital visits to see our specialist diabetes team. This team includes a dietician, a diabetic nurse specialist, an obstetrician and a medical consultant who specialises in diabetes. You will be taught how to monitor your own blood sugar levels with finger-prick testing at home.

Some women with mild gestational diabetes can keep their blood sugar level under control simply by changing their diet and doing regular gentle exercise. We will give you plenty of support and advice.

Most women will need tablets (metformin) or insulin treatment to keep their blood sugar levels stable.

You will be offered extra ultra-sound scans to check on the growth and wellbeing of your baby.

Will I need to be induced or have a caesarean section?

Possibly. Your obstetrician will make a decision with you about how and when to deliver your baby on an individual basis. The factors we take into account include whether you are using insulin, how big we think your baby is, whether this is your first baby and what your feelings and preferences are for birth.

We will encourage most women to attempt a normal vaginal birth as this is generally safest for you and your baby. We recommend that all women with GDM have their baby by a week after their due date to reduce the risk of complications. For some women we may offer induction of labour at around your due date if you have not gone into labour by yourself. In some circumstances we advise induction up to two weeks before your due date. As with all medical procedures there are benefits and drawbacks associated with induction of labour and your obstetrician will discuss these with you.

What happens during labour?

If you are being induced, there is a separate information leaflet about this procedure that we will give you. We will monitor your blood sugar levels carefully during labour. Some women (particularly those needing large amounts of insulin) will need a continuous infusion (drip) of insulin to keep their blood sugar levels stable during labour and birth.

We recommend that all women with GDM have their baby on our consultant led labour ward. However the majority of your care in labour will be provided by our midwives. If you want to have your baby on the birth centre or at home, please discuss this with your midwife and obstetrician.

Can I breast feed my baby?

Absolutely! Breastfeeding has many benefits for your baby and we positively encourage it. It also helps you control your weight post pregnancy . You will be given information on expressing colostrum during the late stages of pregnancy as this can help establishing feeding after birth.

Does GDM go away after pregnancy?

In most cases, yes. Most women who have needed metformin or insulin treatment can stop this straightaway after birth.

We ask you to have a blood sugar test 6-12 weeks after the birth of your baby at your GP's Surgery or the Hospital. This is because there are a few women with GDM who actually had undiagnosed diabetes before they became pregnant. It is really important for your long term health that we find out if this is the case.

If the blood sugar test is normal, it would be a good idea for you to have a blood sugar test once a year to make sure you have not developed diabetes. Your GP or practice nurse can do this for you.

More importantly we would encourage you to make changes in your diet and lifestyle to reduce your risk of developing type 2 or gestational diabetes in the future.

What will happen if I become pregnant again?

If you are planning another pregnancy it is a good idea to have a blood sugar test before you become pregnant to check for diabetes. Your GP can do this for you.

During your next pregnancy you have an increased risk of developing GDM again. We will offer you a glucose tolerance test (GTT), if this is normal it will be repeated at 24-28 weeks.

Further information

Please feel free to ask any member of your health care team any questions you have about your diagnosis and treatment. We are here to help.

Please have a look at the RCOG leaflet “Gestational Diabetes” for more information

https://www.rcog.org.uk/for-the-public/browse-our-patient-information/gestational-diabetes/

If you have any comments about this leaflet or the service you have received you can contact :

Consultant Obstetrician
Department of Obstetrics
Calderdale Royal Hospital

Telephone (01422) 224131

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਲਿਖਾ ਕਵਰੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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