

Will my care be different if I have Gestational Diabetes?

Your maternity unit has a special team of midwives, diabetes nurses and doctors who will help care for you and your baby.

This means that more of your antenatal care will happen at the maternity unit (or where the pregnancy-diabetes team is based) and your progress during pregnancy will be monitored more closely. Extra antenatal checks and scans may be needed to monitor your baby's growth.

Our aim is to help you have a healthy pregnancy and deliver your baby safely without complications.

Where to get help:

Your Diabetes team contact:

Name:.....



.....

Your Midwifery Team contact:

Name:.....



.....

Local Hospital Contact:

Name:.....



.....

Other:

Name:.....



.....

Care Plan: *This leaflet should only be used with the ongoing advice from your Diabetes Team, as part of your plan of care.*

Diabetes in Pregnancy Advisory Group



© Perinatal Institute, Crystal Court, Aston Cross, Birmingham, B6 5RQ. Website: www.pi.nhs.uk
Tel: 0121 687 3400 Email: diabetes@pi.nhs.uk
Version 12.1 (June 2012)

Diabetes in Pregnancy



What is Gestational Diabetes?

First of all, what is diabetes?

Diabetes is when there is higher than normal amount of glucose in the blood.

What is gestational diabetes?

Gestational diabetes is a temporary form of diabetes that usually begins in later pregnancy and usually goes away after you have had your baby. More rarely diabetes may have been present for some time, but is first detected when you are pregnant.



Why does Gestational Diabetes happen?

Two main reasons;

- Firstly, extra hormones produced during pregnancy work against insulin, so your body needs more insulin to do its job.
- Secondly some women may not be able to produce enough insulin to cope with the body's increased demands.

How common is Gestational Diabetes?

Gestational Diabetes is discovered in 3-5% of all pregnancies – this means about 1 in 25 women will get diabetes in pregnancy.

You are at a higher risk of Gestational Diabetes if:

- You have had **gestational diabetes** in a **previous Pregnancy**
- You have a **family history of diabetes** (parent, brother or sister with diabetes)
- You previously had a **big baby**; over 4.5 kg (10 lbs)
- You are of South Asian, Middle Eastern, African or Afro-Caribbean origin
- You are **over 35 years old**
- You have had a **stillbirth, or repeated miscarriages**
- You have a Body Mass Index over 30
- You are known to have **Polycystic Ovaries**
- You have **extra fluid around the baby**

*If you have **any** of these risk factors we recommend you are tested for gestational diabetes during your pregnancy.*



How is gestational diabetes treated?

Blood glucose levels may be controlled by changing your diet to reduce added sugars and doing more exercise. If that is not enough tablets and/or insulin treatment will help control your blood glucose levels.

Why is Gestational Diabetes important?

The risks of some complications in pregnancy are increased for both the mother and baby.

The risks to the **mother** include:

- A higher risk of needing a caesarean section.
- High blood pressure in pregnancy
- Developing diabetes in later life

The risks to the **baby** include:

- Growing too big and weighing over 4.5 kg (over 10 lbs)
- Difficult delivery due to baby's size
- Breathing difficulties after birth
- Low blood sugar in the first 48 hours
- Baby may need to go to special care baby unit to help normalise glucose levels
- Becoming obese (overweight) later in life
- A small risk of a stillbirth



Your diabetes-pregnancy team will plan your care with you to **help reduce these risks**.