Gestational Diabetes

A temporary condition during pregnancy
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Gestational diabetes is usually a temporary condition during pregnancy. It occurs because the body cannot produce enough insulin to meet the extra needs during pregnancy. This in turn leads to a rise in circulating blood glucose, often referred to as high blood sugar.

Risk of Developing Gestational Diabetes

- Previous gestational diabetes
- Previous delivery of a large baby (greater than 4kg / 9lbs)
- Family history of diabetes
- Obesity, BMI greater than 29
- Women of south east Asian or afro-Caribbean origin
- Maternal age (over 30yrs of age)
- History of recurrent spontaneous miscarriage or still birth
- Polycystic ovarian syndrome

Risk for Baby

The main concern with raised blood glucose levels during pregnancy is the effect they have on the baby. The increased glucose supply passes easily through the placenta to feed your baby. In response to this the baby produces increased amounts of the hormone insulin which also promotes increased growth. If raised blood glucose levels are not treated or controlled the possible risks are:

- Macrosomia (large baby) leading to increased chance of operative delivery
- Neonatal hypoglycaemia (low blood sugar level of the newborn)
- Shoulder dystocia (trauma at birth)
- Jaundice
- Low blood calcium
- Respiratory distress syndrome
Diagnosis of Gestational Diabetes

To confirm diagnosis of gestational diabetes a glucose tolerance test will be carried out.

If your 2 hour result is 7.6mmols/l or higher this confirms gestational diabetes.

If your fasting test is 6.1mmols/l or higher you will be treated as if you have gestational diabetes.

Indications for having a Glucose Tolerance Test

- Glucose present in urine
- High plasma glucose
- Polyhydramnios
- Large baby.

Once you have been diagnosed you will be required to attend a specialist antenatal clinic.

Here the diabetes team as well as the obstetric team will see you. (This may have implications on where your baby may be delivered).
Treatment

In the majority of cases gestational diabetes is managed by lifestyle modifications (diet and exercise). You will be advised by a Dietitian on what changes are required.

You will be shown how to monitor your own blood sugar levels in order to establish your control. You will be asked to test your blood sugars at least twice a day. The target will be to aim for readings no higher than 6 pre breakfast and before meals and no higher than 7 two hours after meals.

You will be advised by the Diabetes Specialist Nurse of when to test and when to seek advice. If your blood sugar levels are not within desirable limits, then you may be required to start insulin. If insulin is required then you will be educated on this separately. Insulin is likely to be stopped once the baby is born.

Postnatal Requirement

Your blood sugars will be checked for 48 hours whilst in hospital after your baby is born. However it may be several weeks after your baby is born before your gestational diabetes goes away. To make sure that your blood sugar levels have returned to normal you should have another glucose tolerance test six weeks after the birth of your baby. This may indicate if you have developed type 2 diabetes or a condition preceding it.

Having gestational diabetes gives you an increased risk of developing it again in further pregnancies. There is also about a 30% risk of developing type 2 diabetes during your life.

In order to reduce the likelihood of developing diabetes:

- Maintain normal body weight
- Eat a healthy diet
- Take regular exercise