Gestational Diabetes

(Diabetes in Pregnancy)

Who is this information for?

This information is for you if you wish to know more about diabetes that develops in pregnancy (gestational diabetes) or you have been told that you have gestational diabetes. It tells you:

- what gestational diabetes is and how it is diagnosed
- what extra antenatal care you can expect
- what this diagnosis means for you and your baby, now and in the future

What is gestational diabetes?

Diabetes that develops during pregnancy is known as gestational diabetes. It occurs because your body cannot produce enough insulin (a hormone important in controlling blood glucose) to meet its extra needs in pregnancy. This results in high blood glucose levels. Gestational diabetes usually starts in the middle or towards the end of pregnancy.

How common is gestational diabetes?

Gestational diabetes is very common. You are more likely to develop gestational diabetes if you have any of the following risk factors:

- your body mass index (BMI) is 30 or higher
- you are 35 years old or older
- you have previously given birth to a large baby
- you have had gestational diabetes before
- you have a parent, brother or sister with diabetes
- your family origin is South Asian, Chinese, African-Caribbean or Middle Eastern
- some pre-existing medical conditions or medical treatments can also increase your risk of developing gestational diabetes.

How will I be checked for gestational diabetes?

If you have any of the above risk factors, you should be offered a glucose tolerance test (GTT) during your pregnancy, usually when you are between 24 and 28 weeks pregnant.

A GTT involves fasting overnight (not eating or drinking anything apart from water). In the morning, before you eat or drink anything (other than plain water), you will have a blood test. You are then given a glucose drink and the blood test is repeated 1–2 hours later to see how your body reacts to the glucose drink.

If you have had gestational diabetes in a previous pregnancy, you may be offered a glucose tolerance test (GTT), or a kit to check your own blood glucose levels, earlier in pregnancy.

What does gestational diabetes mean for me and my baby?

Most women who develop diabetes in pregnancy have healthy pregnancies and healthy babies but occasionally gestational diabetes can cause serious problems, especially if it is not diagnosed or poorly controlled. Diagnosing and treating gestational diabetes reduces these risks.

It is important to control the level of glucose in your blood during pregnancy. If your blood glucose is too high, your baby will produce more insulin which can increase baby's growth and increase your risk of problems during the birth, Caesarean section and stillbirth. These risks are higher if gestational diabetes is not detected and controlled.

A baby that makes extra insulin in response to its mother's high blood glucose levels may have low blood glucose levels after birth and is more likely to need additional care in a neonatal or Special Care unit. Your baby may also be at greater risk of developing obesity and/or diabetes in later life. Controlling your levels of blood glucose during pregnancy and labour reduces the risks of all these complications for you and your baby.

What extra care will I need during pregnancy?

If you are diagnosed with gestational diabetes, you will be under the care of a specialist healthcare team and will be advised to have your baby in a consultant-led maternity unit that has a neonatal unit.

Your healthcare team will usually include a doctor specialising in diabetes, an obstetrician, a specialist diabetes nurse, a specialist diabetes midwife and a dietician. Having gestational diabetes will mean more clinic visits at the hospital.

Healthy eating and exercise

The most important treatment for gestational diabetes is a healthy eating plan and exercise. Gestational diabetes usually improves with these changes although some women, despite their best efforts, need to take tablets and/or give themselves insulin injections. You should have an opportunity to talk to a dietician about choosing foods that will help to keep your blood glucose at a healthy and stable level.

Monitoring your blood glucose

After you have been diagnosed with gestational diabetes, you will be shown how to check your blood glucose levels and told what your ideal level should be.

If your blood glucose levels do not reach satisfactory levels after 1–2 weeks, or if an ultrasound scan shows that your baby is larger than expected, you may need to take tablets or give yourself insulin injections (see below – **Will I need treatment?**).

Monitoring your baby

You should be offered extra ultrasound scans to monitor your baby's growth more closely.

Advice and information

During your pregnancy, your doctors and midwives will give you information and advice about:

- planning the birth, including timing and types of birth
- pain relief and changes to your medications during labour and after your baby is born
- looking after your baby following birth
- care for you after your baby is born including contraception
- the option to hand express your colostrum from 37 weeks onwards, which can be brought in to hospital with you and given to your baby after he/she is born to help control blood glucose

Will I need treatment?

Up to one in five women with gestational diabetes will need to take tablets and/or have insulin injections to control their blood glucose levels. Your healthcare team will advise what treatment is best for you.

If you need insulin, your specialist diabetes nurse will explain exactly what you need to do. This will include showing you how to inject yourself with insulin, how often to do it and when you should check your blood glucose levels.

When is the best time for my baby to be born?

Ideally you should have your baby between at 38 and 41 weeks of pregnancy, depending on your individual circumstances.

How will I have my baby?

If your ultrasound scans have shown that your baby is large, or there are any other complications, your healthcare team should discuss the risks and benefits of vaginal birth, induced labour and Caesarean section with you.

What happens in labour?

It is important that your blood glucose level is controlled during labour and birth. Your glucose levels should be monitored every hour during labour. You may be advised to have an insulin drip to help control your blood glucose level.

During labour, your baby's heart rate may need to be continuously monitored.

What happens after my baby is born?

Your baby will stay with you unless he or she needs extra care. Breastfeeding is best for babies, and there's no reason why you shouldn't breastfeed your baby if you have gestational diabetes.

Whichever way you choose to feed your baby, you should start feeding him or her as soon as possible after birth, and then every 2–3 hours to help your baby's blood glucose stay at a safe level. Skin to skin contact will help regulate baby's blood glucose levels. Breastfeeding or giving harvested colostrum can also help stabilise baby's blood glucose levels.

Your baby should have his or her blood glucose level tested a few hours after birth to make sure that it is not too low. Your baby may need to be looked after in a neonatal unit if he or she is unwell, needs close monitoring or treatment, needs help with feeding or was born prematurely.

All babies of mothers who have diabetes will need to stay in hospital for at least 24 hours after birth to monitor baby's blood glucose levels and establish effective feeding.

Gestational diabetes usually gets better after birth. You are likely to be advised to stop taking all diabetes medications immediately after your baby is born. Before you go home, your blood glucose level will be tested to make sure that it has returned to normal.

You should have a test to check your blood glucose level after an overnight fast up to 13 weeks after your baby is born, or an HbA1c blood test 13 weeks or more after your baby is born. It is important that you attend, as a small number of women continue to have diabetes after pregnancy.

What follow-up should I have?

Your GP will advise you if your diabetes screening tests are abnormal, and you may be referred to a doctor or nurse specialising in diabetes.

You should be given information about your lifestyle, including diet, exercise and managing your weight, to reduce your chance of diabetes in the future.

Women who have had gestational diabetes have a one in three chance of developing type 2 diabetes within the following 5 years. You will be advised to have a screening blood test (HbA1c test) once a year.

Future pregnancies

Being the right weight for your height (having a normal BMI between 20 to 25), eating a healthy diet and taking regular physical exercise before you become pregnant reduces your risk of developing gestational diabetes again.

As soon as you find out you're pregnant, contact your GP, practice nurse or hospital antenatal team for advice about your antenatal care.

Further information

BMI and healthy weight calculator: http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

NICE guidance on Diabetes in pregnancy: https://www.nice.org.uk/guidance/ng3

Diabetes UK website: https://www.diabetes.org.uk/gestational

Chertok IRA et al effects of early breastfeeding on neonatal glucose levels of term infants born to women with gestational diabetes. J Hum Nutr Diet 13 Feb 2009

Alves JG et al . Breastfeeding protects against type 1 Diabetes Mellitus: A case sibling study. Breastfeed Med 5 Aug 2011

This information has been developed by the RCOG Patient Information Committee and updated to reflect changes to NICE guidance in April 2017 by Dr Louise Overend, Consultant in Diabetes and Endocrinology.

Contact us

This factsheet has been produced by the North Cumbria Diabetes service in collaboration with the North Cumbria Obstetrics service.

Your Diabetes team is based at West Cumberland Hospital and Cumberland Infirmary Carlisle

Telephone: 01946 523535 (West Cumbria) and 01228 814780 (North Cumbria)

Your Obstetrics team is based at West Cumberland Hospital and Cumberland Infirmary Carlisle

Telephone: 01946 523231 (West Cumbria) and 01228 814269 (North Cumbria)

Confidentiality

'The Trust's vision is to keep your information safe in our hands.'

We promise to use your information fairly and legally, and in-line with local and national policies. You have a right to understand how your information is used and you can request a copy of the information we hold about you at any time.

For further information contact the Subject Access Coordinators SACCIC@ncuh.nhs.uk or SACWCH@ncuh.nhs.uk

Feedback

We appreciate and encourage feedback, which helps us to improve our services. If you have any comments, compliments or complaints to make about your care, please contact the PALS team (Patient Advice and Liaison Service) on 01228 814008 between 10.30 and 4.30 Monday to Friday or email PALSCIC@ncuh.nhs.uk.

If you would like this factsheet in another language or format, for example Braille, large print or audio the PALS team will be able to assist you (contact details above)

ID: SP034

Version: 1.0

Issue date: January 2019 Review date: January 2021

Cumbria Partnership NHS Foundation Trust
North Cumbria University Hospitals NHS Trust