

## Frequently Asked Questions

### **What is gestational diabetes mellitus?**

Gestational diabetes mellitus (GDM) is a form of high blood glucose (sugar) that occurs during pregnancy. It usually starts after about 20 weeks. It is diagnosed by means of a test called an oral glucose tolerance test (OGTT) done in CUMH or with your GP. These high blood glucose levels can affect your pregnancy and your baby's health. The good news however is that GDM is treated with a healthy diet and regular exercise which will help to control blood glucose levels. A small number of women may need oral medication or insulin in addition to diet and exercise. After pregnancy GDM goes away in about 80% of women, 20% of women will continue to have diabetes or pre-diabetes. Women who develop GDM have a high risk of developing diabetes and heart disease in their lifetime and maintaining healthy lifestyle changes is recommended to prevent this.

### **Why did I develop gestational diabetes mellitus?**

Gestational diabetes mellitus happens when your body cannot make enough insulin to keep blood glucose normal during pregnancy. Insulin a hormone made in your pancreas, helps your body use glucose for energy and helps control your blood glucose levels. It is not know why some women get gestational diabetes mellitus and others don't. Some women have greater risk for gestational diabetes and you may have been tested if you have one of the following risk factors;

- Over 30 years of age
- Overweight and obesity
- Polycystic ovarian syndrome(PCOS)
- Multiple pregnancies (twins/triplets)
- Family history of diabetes
- Non-Caucasian ethnicity
- History of miscarriages, stillbirth, neonatal death or a baby born with a congenital abnormality
- Previous gestational diabetes
- Delivery of a large baby previously (over 4kg)

Gestational Diabetes Mellitus is treated by doing the following;

- Adopt a healthy well balanced diet
- Partake in regular physical activity
- Monitor your blood glucose levels
- Take medications/insulin as required
- Attend all clinic appointments
- Stay in regular contact with your dietitian and your diabetes midwife specialist

### **How do I track my blood glucose levels?**

You will use a blood glucose meter to test your blood glucose levels. This device measures blood glucose from a small drop of blood. Keep a record of your blood glucose levels and contact the diabetes midwives weekly with these readings – either by email or phone

### **What type of diet should I follow?**

After you are diagnosed with GDM our dietitian will meet you and discuss a healthy diet with you. A meal plan will be created based on your preferences. In the meantime however it is recommended that you do the following:

- Eat regular meals with a small amount of high fibre carbohydrate food at each meal
- Take 2-3 small snacks daily, avoid long gaps between meals
- Always include a bedtime snack (30mins before bed) that includes carbohydrate and protein.
- Avoid added sugar in your diet, sweet foods and sugary drinks
- Eat 2-3 portions of fruit per day (1 at a time) and plenty vegetables
- Eat 3-5 servings of dairy or milk alternatives every day
- Use healthy fats (nuts, seeds, plant oils)
- Get enough Vitamin D, take a daily supplement of 10micrograms/day.

You can find further dietary information [here](#)

### **Can women with gestational diabetes exercise during pregnancy?**

Women with gestational diabetes need regular, moderate physical activity such as walking or swimming to control blood glucose levels. Physical activity helps insulin to work better, which helps keep blood glucose under control. Many women with GDM benefit from 30 minutes of activity each day. Often having a 10 or 15 minute walk after meals can be beneficial in keeping blood glucose levels in target.

Doing 2-3 light sessions of resistance exercise every week (e.g., dumbbells, resistance band and pregnancy pilates) may also be beneficial in improving your body's sensitivity to insulin. Exercise isn't advisable for everyone though, so ask your team what level of activity would benefit you.

If you are unable to engage in regular aerobic physical activity (e.g. if you have Pelvic Girdle Pain), alternative forms of exercise may be possible. For example, many women find they may be able to do regular upper-arm exercises. If you are attending a physiotherapist, discuss this with them.

You can find more information about exercising during pregnancy [here](#)

### **I am following the meal plan and doing regular physical activity but I still cannot control my blood glucose levels – what can I do?**

For the majority of women changes to diet and physical activity is enough to manage blood glucose levels. However, for some women, medications may be needed to manage GDM. If you have tried the following tips and still cannot control your blood glucose levels contact your diabetes midwife or doctor to discuss whether you need treatment:

- If you are following the meal plan but feeling very hungry you may be over-restricting your food intake to control your blood glucose levels. If you are hungry ensure you are taking plenty of vegetables and protein with all your meals and snacks. A source of protein (meat, fish, poultry, cheese, nuts etc.) with every meal and snack can help to control blood glucose levels and stop you from becoming too hungry. Most vegetables do not affect blood glucose and are filling as they contain lots of fibre.
- If your blood glucose levels are high after meals think about what type of carbohydrate you took with that meal – if the quantity of carbohydrate was large try reducing it the next time. If you find your readings high after one type of carbohydrate e.g. wholegrain pasta, maybe try a different type next time e.g. baby potatoes
- Is the carbohydrate you are eating high in fibre (e.g. wholegrain/ seeded etc)- fibre helps to slow down the release of glucose from your food so helps to control blood glucose levels and keep you fuller for longer
- Have you tried taking a walk after your meals? Even a 10-15min walk after each meal can help control blood glucose levels

### **All my blood glucose levels are in target except my fasting blood glucose – what can I do?**

If you have tried the following tips and still cannot control your blood glucose levels contact your diabetes midwife or doctor to discuss whether you need treatment:

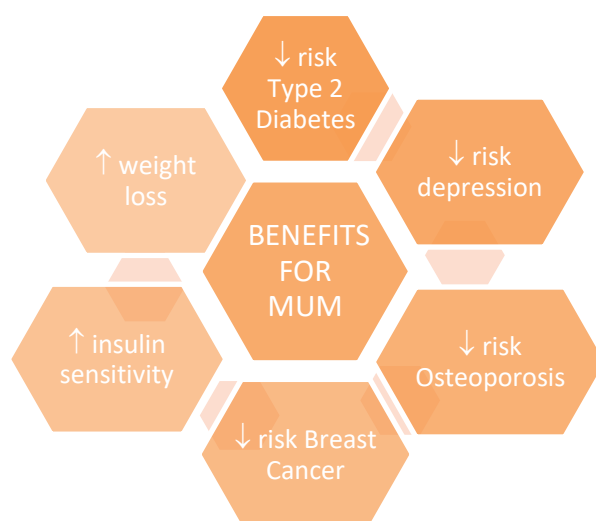
- Try a walk after your evening meal
- Try having your main meal at lunchtime and a lighter meal in the evening at approximately 6pm
- If you are currently having a late evening meal, try to ensure this is no later than 6pm
- Don't forget to have your bedtime snack and to make sure this has a small amount of slow releasing carbohydrate and protein e.g. 1 slice wholegrain bread with peanut butter or cheese/ a high protein yoghurt. Aim to have this snack within 30 minutes of going to bed
- Aim to fast for no more than 10hours overnight

### **Will I need to take medication to control my blood glucose levels?**

For the majority of women changes to diet and physical activity is enough to manage blood glucose levels. However, for some women, medications may be needed to manage GDM. There is both oral medication and insulin available. Your team will help you to decide if you need treatment and, if so, which treatment is best for you. If you are prescribed medication, you will continue monitoring your blood glucose levels as recommended. Changes to your medication may be needed throughout your pregnancy to help keep your blood glucose in the normal range.

### **Can mothers with GDM breast-feed?**

Mothers with diabetes can breast feed as it is beneficial for both mum and baby. Breastfeeding can help reduce pregnancy induced weight gain, lowers the risk of obesity in both the mother and the baby, and significantly reduces the risk of future diabetes and heart disease in both. Breast fed infants have better immunity and lower risk of diarrhoea; and breast feeding mothers have lower risk of breast cancer.



### **Will GDM affect the delivery of my baby?**

Many women with controlled GDM have a full-term pregnancy but if there are complications with your health or your foetus's health, or if your medical team feels it is appropriate, labour may be induced (started by drugs or other means) before the due date.

Although most women with GDM can have a vaginal birth, they are more likely to have a caesarean delivery than women without GDM. If your obstetrician thinks your baby is too big for a safe vaginal delivery, you may discuss the benefits and risks of a scheduled caesarean delivery.

### **Will I have diabetes after I am pregnant?**

Because it occurs only during pregnancy, gestational diabetes mellitus (GDM) is not the same as pre-existing type 1 or type 2 diabetes, and the large majority of women with GDM will have normal blood glucose immediately after delivery. However, women with GDM are at risk for developing diabetes over their lifetime and it is very important they receive ongoing diabetes screening. GDM increases the risk of developing diabetes in your next pregnancy and in the future when you are no longer pregnant. 50% of women will develop Type 2 Diabetes after GDM but many women will be able to prevent this through lifestyle changes. The risk of heart disease is also increased. The good news is a healthy diet and moderate physical activity can protect your heart and reduce the risk of Type 2 Diabetes by up to 60%.

You should have your 1st screening for Type 2 Diabetes Mellitus 6 to 12 weeks after your baby is born and yearly thereafter.

After the 1st year, a test of your HbA1c (3 month blood glucose average) and a fasting plasma glucose test may be used instead of the OGTT. You should have your cholesterol checked every year.

Take an active role in your care – ask your GP to discuss your results with you

### **Will I get GDM in my next pregnancy?**

You are more likely to develop gestational diabetes mellitus in a future pregnancy. But being the right weight for your height, maintaining a healthy diet and taking regular physical activity may cut your risk. If you know you want to get pregnant in the future get your blood glucose tested about three months before pregnancy to make sure you have normal blood glucose levels and have not developed type 2 diabetes. Ensure you are on the correct dose of folic acid before you become pregnant. If you do get pregnant again make sure your GP knows that you had gestational diabetes in your last pregnancy. Start the diet as soon as you start planning a pregnancy or when you know you are pregnant and maintain your physical activity.

### **Checklist for planning a pregnancy:**

- ✓ If you previously had GDM you may have developed diabetes before your next pregnancy so have your blood glucose levels checked and plan a visit with your GP or your local diabetes team to discuss this before becoming pregnant.
- ✓ Take folic acid in preparation for pregnancy
- ✓ Try to achieve your ideal body weight prior to conception, this will reduce your chances of developing GDM again
- ✓ Stop smoking and drinking alcohol
- ✓ Have a healthy diet
- ✓ Continue to use reliable contraception until it is safe for you to conceive