

Gestational Diabetes:

What to Expect When You're Expecting

WHAT IS GESTATIONAL DIABETES?

Gestational diabetes (GDM) is a form of diabetes that shows up only during pregnancy. It can harm you and your baby. Once the baby is born, this type of diabetes goes away. However, it can either become type 2 diabetes straight away or your risk increases for developing type 2 later in life.

WILL MY BABY BE BORN WITH DIABETES?

GDM doesn't cause diabetes in babies. However, they will have a higher chance of being very large and getting diabetes later in life.

HOW CAN GESTATIONAL DIABETES AFFECT MY BABY?

Studies have shown that you can have a healthy baby if your blood glucose (blood sugar) levels are in your target range. But if blood glucose stays high during pregnancy, babies can grow too large, making a vaginal delivery more difficult. In addition, they can have health problems at birth, such as breathing problems or blood glucose levels that are too low (hypoglycemia). They can also have other conditions, such as a low level of calcium in the blood, jaundice (yellowing of the skin), and an abnormal increase in red blood cells. Your health care provider can monitor your baby for these health problems after delivery.

HOW CAN GESTATIONAL DIABETES AFFECT ME?

During pregnancy, GDM can increase your risk of high blood pressure and having a C-section.

Coping with GDM

Sometimes a diagnosis of GDM can lead to feelings of guilt, worry, and fear. You may feel like it's too much to have to do even more to take care of yourself during your pregnancy. You may also be worried about the baby's health. If it's been hard for you to cope with having GDM, talk to your health care provider about finding someone who can help with your emotional well-being.

The good news is that health care providers know a lot about how to treat GDM. You and your health care team will be able to monitor the success of your efforts to reach your blood glucose targets.

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MONITORING MY BLOOD GLUCOSE DURING MY PREGNANCY?

Blood Glucose Levels

Keeping track of your blood glucose levels will tell you whether your diabetes treatment plan is working. Some people have their glucose levels monitored regularly by their health care team. Many people monitored blood glucose on their own by using a blood glucose meter (BGM). A BGM is a small machine that uses a tiny drop of blood to monitor your blood glucose and displays your level at that moment. Write down your results in a logbook or app tracker and review your records with your health care team. Talk to your health care provider if using a continuous glucose monitor (CGM)—a small device attached to your body that continuously monitors your blood glucose—is right for you.

The closer you get to your delivery date, the harder it is for your body to manage your blood glucose levels. During the last four to eight weeks of your pregnancy, high blood glucose levels can cause your baby to grow too large.

By doing everything you can to manage your blood glucose levels well, you'll increase your chances of better health for you and for your baby.

Ketone Levels

You may need to monitor for ketones, a substance in your urine. Having ketones means that your body is using fat for energy. This can happen if you're not getting enough calories or if you're not eating often enough. Ketones may be harmful for your baby.

WHAT CAN I EXPECT AFTER DELIVERY?

Your baby's blood glucose will be monitored right away after delivery. Your baby may need to go to the special care nursery for observation if their blood glucose level is too low.

It's important that you have your blood glucose monitored at six weeks after delivery. You have a high chance of having GDM in future pregnancies and getting type 2 diabetes later.

Continue to eat healthy eating and increase your physical activity after delivery. If you are overweight, by losing a modest amount of weight, 5–7%, you could reduce your risk of developing type 2 diabetes.

More handouts about this and other topics can be found at professional.diabetes.org/PatientEd