

Gestational diabetes

Following your recent screening test you have been diagnosed with gestational diabetes mellitus (GDM). This information leaflet will provide you with some background information about GDM and what it means for you and your pregnancy.

If you have any further questions or concerns, please speak to your midwife, GP, doctor or diabetes team at the clinic.

What is gestational diabetes?

Sometimes the hormones your body makes in pregnancy can make it difficult for your body to use insulin properly. This causes glucose (sugar) levels in the blood to rise above normal and diabetes to occur. Usually, though not always, the diabetes goes away after your baby is born.

What does having gestational diabetes mean for me?

Now that you have been diagnosed with diabetes your pregnancy will be monitored more closely. Managing your blood glucose (sugars) so that they are in the normal range is very important for the health of both you and your baby.

Diabetes in pregnancy can lead to having a larger than average baby, causing complications for both you and your baby at birth. You may also have an increased risk of developing a condition called pre-eclampsia. In order to keep you and your baby safe your labour will probably be induced a bit early which may increase the risk of needing a caesarean section.

Sometimes babies can have low blood glucose levels when they are born as they adapt to their new environment, therefore their blood glucose will be checked before they feed. Your baby may also have a higher chance of being overweight, and you and your baby both have a higher risk of developing type 2 diabetes at an older age.

Will I need to come to hospital for my antenatal appointments?

You will continue to see your midwife at your home, GP surgery or clinic but we will also ask you to come to the diabetes clinic to see the diabetes doctors, nurses and obstetricians who will help to monitor your pregnancy.

Will I need to have more appointments?

Yes, you will have extra appointments to check how well-controlled your blood glucose levels are and to monitor your pregnancy more closely. You will also be offered extra scans to check how your baby is growing.

How is my blood glucose (sugar) monitored?

You will be taught how to use a Home Blood Glucose Monitoring meter and given a record book to record the results. To have a complete picture of your blood glucose levels you will be asked to test your fasting level (before you have eaten in the morning) and two hours after each meal. For most people this is four tests a day.

Your target blood glucose levels are:

FASTING:

2 HOURS POST MEALS:

Will I need any medication?

Your blood glucose may be controlled by changing your diet and lifestyle or you may need to take tablets, insulin injections or both. These medications are not harmful and are often used in pregnancy.

Should I be looking out for anything at home?

Like all women you should always attend the hospital if you are worried that your baby is not moving as much as normal or if you experience any headaches, visual disturbances or indigestion-type pains as these could be signs of pre-eclampsia and high blood pressure.

Can I do anything to help?

Controlling your blood glucose levels while you are pregnant and in labour helps to reduce risks to you and your baby. You can also ensure you eat a healthy balanced diet and exercise. However, it is important that you do not start dieting in pregnancy. You will be able to see a dietitian for advice and help with this.

Your GDM information session with the dietitian midwife and specialist nurse is booked for:

Date:

Will my baby be born early?

It is quite common that women with diabetes in pregnancy are induced before their due date, usually between 38 and 40 weeks. The obstetricians in the clinic will talk to you and make a plan with you when you are about 36 weeks pregnant.

Will I have to have my baby in hospital?

Yes, we recommend that you have your baby in hospital. This is so we can monitor your baby's heartbeat more closely in labour as well as checking your blood glucose levels. When your baby has been born his or her blood glucose levels will also be checked while they adjust to their new environment.

Can I breastfeed my baby?

Absolutely, breastfeeding has many benefits for you and your baby. Your midwife will also discuss antenatal hand expression (expressing breast milk before your baby is born) with you at your appointments. This can be very useful if your baby does not want to feed soon after birth or if his or her blood glucose levels are a little low.

Will I have to check my blood glucose after my baby has been born?

Usually you can stop checking your blood glucose levels once your baby has been born but the diabetes doctors and nurses will let you know when you see them at 36 weeks.

Will I have diabetes once my baby has been born?

Usually your diabetes will go away when your baby is born, but there is a chance that you may have developed type 2 diabetes which does not go away. Your GP will organise a blood test for you three months after your baby has been born to check your blood glucose level. If this is normal, they will check you every year to make sure your blood glucose level remains normal. You can reduce your risk of diabetes later in life by healthy eating, exercise and maintaining a healthy weight.

Would I have gestational diabetes again if I had another baby?

It is likely that you would develop diabetes in future pregnancies. If you do become pregnant again you should see the midwife as soon as possible so that you can be tested for diabetes early in your pregnancy.

Useful sources of information

Diabetes UK

w: www.diabetes.org.uk/gestational

Royal College of Obstetricians and Gynaecologists

w: www.rcog.org.uk

National Institute of Clinical Excellence

w: www.nice.org.uk/guidance/ng3 (NICE 2015, Diabetes in pregnancy: Management from preconception to postnatal period)

Contact us

Diabetes Nurses: 020 7188 1993 (Monday to Friday 9am-5pm)

Community Midwives Office: 020 7188 6873 (Monday to Sunday 9am-5pm)

Antenatal Clinic: 020 7188 8001 (Monday to Friday 9am-5pm)

Antenatal Day Unit: 020 7188 1723 (Monday to Friday 8am-7pm, weekends 9am-4pm)

Hospital Birth Centre: 020 7188 6867 (24 hours)

Women Health Scan Department: 020 7188 5547 (Monday-Friday 9am-5pm)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Leaflet number: 4319/VER1

Date published: November 2016

Review date: November 2019

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