GESTATIONAL DIABETES

What it means for you, your pregnancy and your baby

Sarah is attending the pregnancy diabetes clinic. She is pregnant for the first time and has recently received a test for gestational diabetes. The diabetes nurse, who is called Pam, tells her that the test was positive and that she has gestational diabetes. Sarah is shocked as she feels in good health and has no symptoms. She asks Pam to explain to her what the diagnosis means. Pam explains.

Gestational diabetes occurs when your body cannot produce enough insulin during pregnancy. Insulin is what controls your blood sugar. This can mean that you have too much sugar in your blood. This could be bad for you and your baby but there are ways to control the amount of sugar.
Sarah asks some more questions about who gets gestational diabetes.

My dad had diabetes. Is this why I have become diabetic in my pregnancy?

Women who develop gestational diabetes do not have diabetes before their pregnancy, like the type of diabetes that your dad had. However, you have some of the risk factors for gestational diabetes such as a family history and your African Caribbean ethnicity. Other risk factors are being overweight, older age or having gestational diabetes in a previous pregnancy. Some women have none of these risk factors.

Sarah asks Pam how she can control her blood sugar levels. Pam tells her that she can engage in exercise and eat foods which prevent her blood sugars becoming too high. Pam knows that this will not be easy so refers Sarah to the dietician for support. She also explains that these changes to diet alone may be enough to control her blood sugar levels.

**Foods to eat that keep blood sugars low.**
Eat little amounts of high protein foods often. Examples of good foods are:
- Fish
- Nuts
- Beans
- Meat
- Vegetables

**Foods that make blood sugars high that should be avoided**
Avoid lots of carbohydrates as this is where sugar comes from (no more than one third of a plate). Examples of foods to limit your intake of are:
- White bread, pasta and rice
- Sweets and chocolate
- Cakes and biscuits
Pam shows Sarah how to check her blood sugar level regularly and record it in a diary. She also asks Sarah if she has any questions.

I am surprised that taking a blood sample is not more painful. It’s very quick and easy.

Taking a blood sample involves a prick to your finger. The sample is then processed by this machine to give you your blood sugar result.

One week later, Sarah returns to the clinic to see Pam. Sarah has managed to check her blood sugar levels and is trying to follow the guidance given to her by the dietician and go swimming. She has a number of questions for Pam. She asks Pam what will happen if changing her diet and exercise habits are not enough to reduce her sugar levels. Pam tells Sarah that many women need to use other methods to control their blood sugars and that she should not feel at fault if she has to do so.

‘Sometimes, women with gestational diabetes take tablets to reduce their sugar levels. Another option if the tablets are not effective is to inject insulin. This comes in a pen style device with a small, fine needle which actually hurts less than the finger pricks for blood sugar testing.
Sarah asks Pam if she will still be diabetic after she has given birth. Pam tells Sarah that most mums’ levels of sugar return to normal after the birth of their baby, although there are some mums who continue to require medication. There is also an increased risk of developing diabetes in later life, both during and outside of pregnancy. Improving your diet, exercising regularly and losing weight if you are overweight reduces this risk. Breastfeeding also reduces this risk.

After having gestational diabetes, you should ask your GP to check your blood sugar levels annually.

Sarah asks Pam if there are any risks to her baby from gestational diabetes.

Gestational diabetes is a serious condition. If your blood sugars are too high, this puts your baby at increased risk of a number of complications. The good news is that these risks are significantly reduced if your blood sugars are well controlled. The team looking after you are here to help you with this.

When your baby is born, his/her blood sugars may be low and he/she will require to be fed quickly. We can collect some breastmilk from you prior to delivery so that we have this ready to feed your baby. The first milk that you express is called colostrum and this procedure is known as colostrum harvesting.

Risks to baby
- Premature birth and difficulty breathing on delivery
- Large baby, requiring Caesarean section
- Increased risk of diabetes in childhood and in to adulthood
- Stillbirth (this is only a risk in undiagnosed or poorly controlled cases)
It is so difficult to remember to monitor my blood sugars regularly, eat healthily and exercise on top of all the preparations for the new baby. Sometimes I forget. I wish I had a normal pregnancy.

Written by Dr Claire Wilson (Section of Women’s Mental Health, King’s College London) with funding from the Royal Society of Medicine’s Maternity and Newborn Forum.

Illustrated by Ms Sophie Powell-Hall.

Claire would like to thank Pam Gilby (Diabetes Specialist Nurse, St Thomas Hospital) and all the women from the Gestational Diabetes UK support group who took the time to review the comic in its early stages.

I understand. That is part of our role as your healthcare team: myself, the obstetricians, diabetes doctors and dieticians. It is not easy but gestational diabetes is common and there are many women experiencing similar difficulties. Sometimes it can help to talk to others and get ideas from them about ways of coping better, particularly if you are feeling overwhelmed. There are many people who can help.

Further sources of information and support:
Gestational Diabetes UK: www.gestationaldiabetes.co.uk
Diabetes UK: www.diabetes.org.uk

We value your feedback.
Please take the time to complete a two minute evaluation questionnaire on the comic: www.surveymonkey.co.uk/r/ZLQKPZ