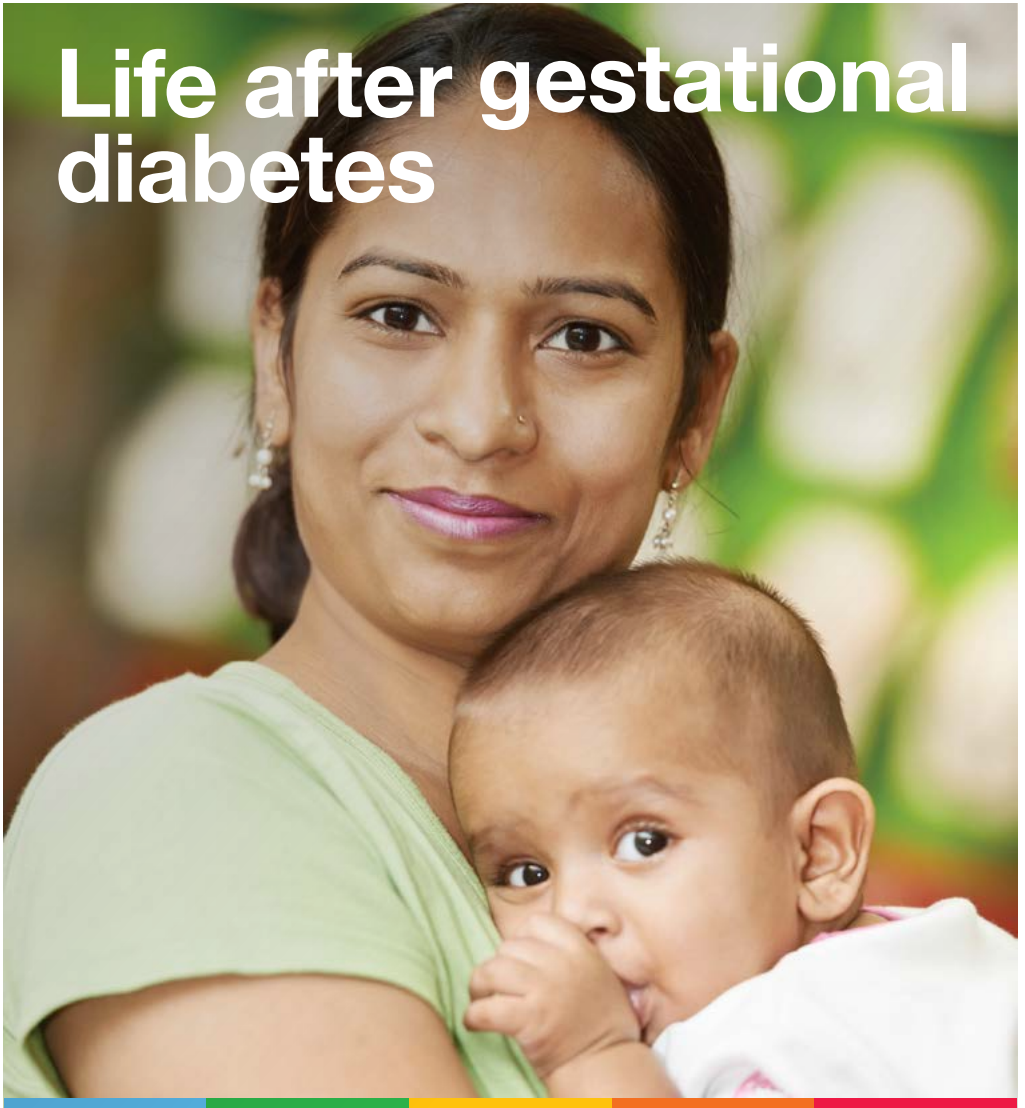


Life after gestational diabetes



Life after gestational diabetes

Punjabi

English version (culturally modified)

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If receiving information about pregnancy or gestational diabetes raises personal concerns for you or causes you any distress, you can opt out from receiving further communications by visiting our website at ndss.com.au/gdm-update or calling the NDSS Helpline on **1800 637 700**. If you need support, ask your GP or local hospital maternity service about support services available in your area.

Disclaimer:

This information is intended as a guide only. It should not replace individual medical advice. If you have any concerns about your health, or further questions, you should contact your health professional.

Gestational diabetes — what next?

This booklet is for women who have had a pregnancy with gestational diabetes. It provides information on looking after your health after pregnancy and into the future.

This booklet has been sent to you from the National Gestational Diabetes Register. When you registered on the National Diabetes Services Scheme (NDSS) with gestational diabetes, you were automatically included on the National Gestational Diabetes Register.

As part of the Register, you and your GP will be sent reminders about postnatal follow-up and regular type 2 diabetes checks. This booklet does not take the place of the valuable advice you receive from your health professionals.

For more information about the National Gestational Diabetes Register

- » **Call the NDSS Helpline on 1800 637 700**
- » **Visit ndss.com.au**



After gestational diabetes

Gestational diabetes is a form of diabetes that occurs during pregnancy. For most women, diabetes disappears after pregnancy; however, there is an increased risk of future diabetes.

As many as 1 in every 2 women who have had gestational diabetes will develop type 2 diabetes or pre-diabetes within 10–20 years.

Women who have had gestational diabetes are also at higher risk of developing gestational diabetes again in a future pregnancy.

Pre-diabetes is a condition where the blood glucose levels are higher than normal but not high enough to be diagnosed with type 2 diabetes. Having pre-diabetes means that you are at increased risk of developing type 2 diabetes.

Type 2 diabetes is a form of diabetes that occurs when the pancreas can't make enough insulin and the body cells can't respond properly to insulin, leading to high blood glucose levels.



Risk factors

Gestational diabetes is one risk factor for developing pre-diabetes or type 2 diabetes. Your risk also increases if you have other risk factors, including:

- » A family history of type 2 diabetes
- » Being above the healthy weight range or putting on weight over time
- » An inactive lifestyle
- » Having an Aboriginal or Torres Strait Islander background
- » Being from a Melanesian, Polynesian, Indian subcontinent, Middle Eastern or Asian background
- » Having polycystic ovary syndrome
- » Age – your risk increases as you get older
- » Taking some types of antipsychotic or steroid medications.

Talk to your doctor about your risk factors for type 2 diabetes.



Why is diabetes a problem?

Diabetes can develop at any age. If left undetected or unmanaged, it may cause damage to the eyes, kidneys, nerves and blood vessels. The risk of long-term health problems can be reduced if diabetes is detected early and managed well.

Pre-diabetes

Pre-diabetes is a condition that occurs before type 2 diabetes develops. It has no signs or symptoms. The only way to diagnose pre-diabetes is through a blood test. If you have pre-diabetes, it means that you are at high risk of developing type 2 diabetes.

The good news is that with a healthy lifestyle — including regular physical activity, making healthy food choices and being a healthy weight — you can reduce your risk of type 2 diabetes by almost 60%.



Type 2 diabetes

If you develop type 2 diabetes, and it's detected early and well-managed, you can continue to lead a healthy life. Type 2 diabetes is managed with a healthy lifestyle, regular health checks and medication (as needed).

Type 2 diabetes can sometimes be difficult to detect. Many people don't know they have it, which is why regular checks for diabetes are essential.

If you have any symptoms of diabetes, see your doctor promptly for a health check and remind them that you have had gestational diabetes.

Symptoms of type 2 diabetes can include:

- » feeling tired and low on energy
- » being thirsty and drinking more than usual
- » going to the toilet (to pass urine) more often (especially at night)
- » sores or cuts that won't heal or skin infections
- » blurred vision
- » pain or tingling in the legs or feet.

Gestational diabetes in future pregnancies

Many women who have gestational diabetes will develop it again in a future pregnancy. To reduce your chances of getting gestational diabetes again, BEFORE your next pregnancy:

- » Aim to have your weight as close to the healthy range as possible
- » Be active for at least 30 minutes each day
- » Make healthy food choices
- » Ask your doctor for a diabetes check
- » Ask your health professionals for advice on healthy weight gain during pregnancy

See page 25 for more information about planning for another pregnancy.

Steps to a healthy life

Step 1 Diabetes checks

Your 6–12 week oral glucose tolerance test (OGTT)

As many as **1 in every 5 women** with gestational diabetes will continue to have high blood glucose levels after their baby is born. For this reason, it is recommended that you have a follow-up oral glucose tolerance test (OGTT) 6–12 weeks after your baby is born (or as soon as possible after this time). This is to check that your blood glucose levels have returned to the normal range.

After a pregnancy with gestational diabetes, many women find it hard to make the time to return for their 6–12 week OGTT, or forget to have this test done. If you haven't had this test done yet, it's not too late — your GP can organise this for you.



Follow-up checks for diabetes

Regular diabetes checks are recommended for all women who have had gestational diabetes.

As a general guide, diabetes checks are recommended:

- » Every 1–3 years depending on your risk factors for type 2 diabetes
- » If you are planning another pregnancy

If your results show that you have pre-diabetes, annual blood glucose checks are recommended.

Your GP will advise you on the type of test and how often you need to have this done. This will depend on your risk factors for type 2 diabetes, the results of previous tests and whether you are wanting to have any more pregnancies (see page 25).

For the majority of women, ongoing type 2 diabetes checks are usually a simple blood test.

Remember, even if your follow-up checks show that you don't have diabetes, remind your GP that you have had gestational diabetes and have follow-up checks again every one to three years.

People with type 2 diabetes often feel OK without noticing symptoms for some years. That is why it's important to see your GP for regular diabetes checks. Detecting diabetes early can help you manage the condition and stay healthy.



Steps to a healthy life

Step 2 Make healthy food choices

Healthy eating can help reduce your risk of developing type 2 diabetes. You don't need to be on a special diet — making healthy food choices, being active every day and managing your weight are keys to reducing your risk.

To get the right balance of healthy foods choose:

- » At least 2 serves of fruit and 5 serves of vegetables each day
- » High-fibre, wholegrain breads, cereals, and grains
- » Lean meats, skinless chicken, eggs, tofu, or fish (aim for 2–3 fish meals each week)
- » Legumes, such as lentils, chick peas or kidney beans (aim for 2 legume meals each week)
- » Reduced-fat dairy foods (or soy-based alternatives) without added sugars
- » Small amounts of healthy fats and oils, such as avocado, nuts and seeds, nut butters, and poly or monounsaturated oils/spreads.



Putting together healthy meals

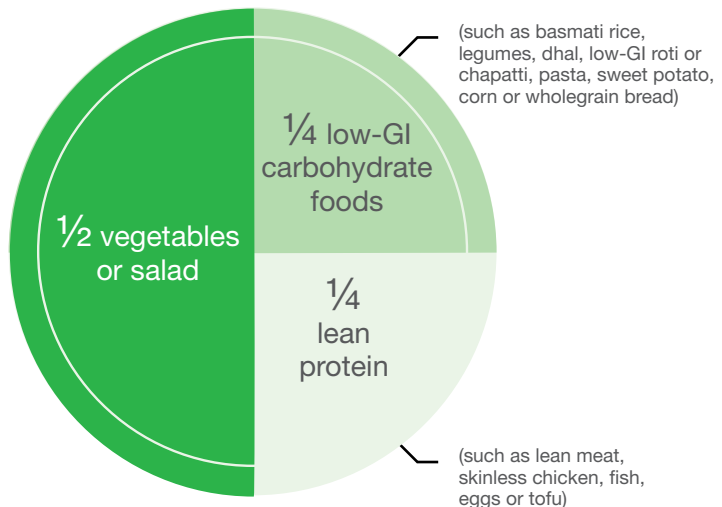
Getting the right balance of healthy foods and choosing serving sizes to suit your needs can help you to reduce your risk of type 2 diabetes and maintain a healthy weight.

When putting a healthy main meal together:

- » Fill half of your plate with a variety of vegetables or salad (not including potato, corn, sweet potato, taro or cassava).
- » Fill a quarter of your plate with a lean protein food such as lean meat, skinless chicken, fish/seafood, soya chunks/soya nuggets, tofu or eggs. Legumes/pulses are also a good source of protein.
- » Fill a quarter of your plate with a carbohydrate food that has a lower GI, such as basmati rice (white/brown), SunRice™ Low GI rice (white/brown), chapatti or roti made with lower GI atta*, legumes/pulses (such as lentils, chickpeas, kidney beans, dhal), pasta, rice noodles, sweet potato, corn or wholegrain bread.

Include healthy fats and oils as part of a balanced meal, such as olive, canola, sunflower, soya bean or rice bran oil, olive or canola spreads, unsalted nuts, seeds and avocado. Limit butter, ghee and cream in cooking.

See page 13 for an example of a healthy meal plan.



* Lower GI atta – multigrain atta, or mix wholewheat atta with chickpea (besan/gram), barley (jau), buckwheat (kuttu), pearl millet (bajra), or maize.

Snack wisely

Whether or not you need to snack between meals depends on your activity levels, weight and eating patterns. If you are breastfeeding, your appetite may be higher than usual, making snacks important for your energy and nutrient needs.

Snacking can be a great way to add extra nutrition to your day. However, some snacks can be high in kilojoules/calories, saturated fat and sugar and can make it difficult to maintain a healthy weight.

If you choose to snack it's important to make healthy choices and watch your portion sizes.



Ideas for healthy snacks

-
- 1 serve of fresh whole fruit (e.g. 1 medium apple, 1 small banana)
-
- 2 small fruits (e.g. mandarins, plums or kiwi fruit)
-
- 1 cup fresh fruit salad or mixed berries (fresh or frozen)
-
- 1 cup of reduced-fat milk or soy milk (with added calcium) or unsweetened buttermilk
-
- 1 small tub reduced-fat plain or Greek yoghurt topped with berries/passionfruit
-
- Vegetable sticks – carrots, celery, capsicum, cherry tomato
-
- 1 cup air-popped (not microwave) popcorn
-
- 4 Vitaweats™ or Vitagrains™ with sliced avocado and tomato
-
- 2 Ryvitas™ lightly spread with peanut butter
-
- 1 medjool date and 30g (a handful) of unsalted nuts
-
- ½ cup roasted chickpeas (channa) with spices or 1 small packet of roasted chickpeas (e.g. Happy Snack Company™)
-
- Small can of tuna (90g) or a hard-boiled egg
-

Watch what you drink

What you choose to drink is important for good health.

Drinks for every day:

Water is the best everyday drink, but alternatives include soda water or sparkling mineral water (you may wish to flavour with sliced lemon/lime/ frozen berries/cucumber/fresh mint). Other suitable choices are tea (black, green or herbal) or coffee/decaffeinated coffee (black or with skim/reduced fat milk). As an occasional substitute, diet soft drink or diet cordial may add variety without extra sugar or kilojoules/calories.

Drinks to limit or avoid:

Soft drinks, energy drinks and cordials are high in sugar and have no nutritional value. These should be avoided. Other drinks high in kilojoules/ calories such as fruit juice and flavoured milks should be limited and consumed only in small amounts.

Alcohol is also high in kilojoules/calories which can make it difficult to manage your weight. If you choose to drink alcohol, current health guidelines recommend **no more than 10 standard drinks in a week and no more than 4 standard drinks on any one day**. One standard drink is equal to:



For breastfeeding women, current guidelines recommend that **not** drinking alcohol is the safest option. However, if you choose to drink alcohol occasionally, no more than 2 standard drinks are advised. Any alcohol you drink also gets into your breastmilk, so if you decide to drink, you need to plan ahead. Breastfeed your baby, or express breast milk, before drinking alcohol. You will also need to wait until your breastmilk is free of alcohol before breastfeeding again. Ask a health professional for advice or contact the Australian Breastfeeding Association.

Tips for healthy eating



Plan healthy meal and snacks



Eat 2 fruit and 5 vegetables everyday



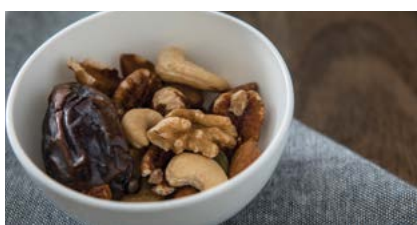
Take care with serve sizes



Limit fast foods and takeaways



Avoid foods and drinks high in sugar



Choose healthy snacks



Enjoy healthy meals as a family



Limit how much alcohol you drink

Sample daily meal plan

The following sample meal plans provide a guide to healthy meals and snacks. The recommended amounts of food are based on the Australian Guide to Healthy Eating suggested serves. The amounts shown are for one person and are a guide only. A dietitian can help you with advice on healthy eating to meet your individual needs and food preferences.

Women who are not breastfeeding	
Breakfast	2 thin, small (~15cm) chappati/roti made with lower GI atta [#] + 1 boiled egg + 1 cup salad (tomato/cucumber)
Morning snack	1 cup (250ml) reduced-fat milk or soy milk with added calcium (can make into coffee) or 1 cup buttermilk
Lunch	2 thin, small (~15cm) chapatti/roti made using lower GI atta + 1 cup dhal + 1 cup salad OR 1 cup cooked basmati rice (white/brown) + curry with ½ cup lean meat/fish/chicken + 2 cups salad
Afternoon snack	1 serve of fresh fruit (e.g. 1 apple or 2 small plums or 1 cup mixed berries or ½ mango)
Dinner	Curry with meat/pulses and vegetables: Curry with ½ cup lean meat/chicken/fish or 1 cup soya chunks/soya nuggets/pulses (chickpeas, lentils) + 2 cups non-starchy vegetables (e.g. spinach, tomatoes, cauliflower, beans, okra, eggplant) plus herbs and spices + 1 cup cooked basmati rice (white/brown) + ½ cup natural yoghurt Use healthy fats and oils in cooking.
Supper	1 serve of fresh fruit (e.g. 1 apple or 2 small plums or 1 cup mixed berries or ½ mango) + 1 tub (200g) reduced-fat yoghurt
Drinks	Water, soda/mineral water, tea/coffee

[#] Lower GI atta - multigrain atta, or mix wholewheat atta with chickpea (besan/gram), barley (jau), buckwheat (kuttu), pearl millet (bajra), or maize.

Women who are exclusively breastfeeding*	
Breakfast	2 thin, small (~15cm) chappati/roti made with lower GI atta [#] + 1 boiled egg + 1 cup salad (tomato/cucumber)
Morning snack	1 cup (250ml) reduced-fat milk or soy milk with added calcium (can make into coffee) or 1 cup buttermilk + 4 wholegrain crispbread (e.g. Vitaweats™ or Vitagrains™) with tomato and avocado
Lunch	3 thin, small (~15cm) chapatti/roti made using lower GI atta + 1 cup dhal + 1 cup salad OR 1½ cups cooked basmati rice (white/brown) + curry with ½ cup lean meat/fish/chicken + 2 cups salad
Afternoon snack	1 small handful (30g) of unsalted nuts + 2-3 small dates + carrot/cucumber sticks
Dinner	Curry with meat/pulses and vegetables: Curry with ½ cup of lean meat/chicken/fish or 1 cup soya chunks/soya nuggets/pulses (chickpeas, lentils) + 2 cups non-starchy vegetables (e.g. spinach, tomatoes, cauliflower, beans, okra, eggplant) plus herbs and spices + 1½ cups cooked basmati rice (white/brown) + ½ cup natural yoghurt Use healthy fats and oils in cooking.
Supper	1 serve of fresh fruit (e.g. 1 apple or 2 small plums or 1 cup mixed berries or ½ mango) + 1 tub (200g) reduced-fat yoghurt
Drinks	Water, soda/mineral water, small amount of tea/coffee

* If you are breastfeeding, your energy needs will reduce as the number of breastfeeds each day slows down. In this case, the meal plan for women who are not breastfeeding can be used as a base and adjusted, according to your appetite to include more vegetables, fruits, wholegrain bread & cereals, and reduced fat dairy products as needed.

[#] Lower GI atta – multigrain atta, or mix wholewheat atta with chickpea (besan/gram), barley (jau), buckwheat (kuttu), pearl millet (bajra), or maize.

Steps to a healthy life

Step 3 Be active every day

Being active every day can help you reduce your risk of future type 2 diabetes, as well as the risk of gestational diabetes in another pregnancy. Physical activity can also improve your general fitness, energy levels, mood and emotional well-being, and help you maintain a healthy weight after pregnancy.

Starting out

Talk to your doctor once you are ready to return to being active after your baby is born. Building up your activity levels gradually is recommended. Some hospitals run postnatal physical activity programs or provide physiotherapy services to help new mums get back into regular physical activity safely.

Being active

As a general guide, aim for at least 30 minutes of moderate physical activity on most days of the week. This can also be broken up into shorter periods of at least 10 minutes, three times a day.

‘Moderate physical activity’ means that while being active you will have a slight but noticeable increase in breathing and heart rate (but you should still be able to hold a conversation).

Moderate activities include:

- » swimming
- » brisk walking
- » aqua fitness classes
- » stationary cycling
- » exercise classes or walking groups (where you can bring your baby)



Tips for being active:

- » Walking with a pram or stroller is a great way to be active and get out and about with your baby.
- » Joining a gym, swim centre or outdoor exercise group that provides childminding can be a fun and social way to be active.
- » Asking friends or your mothers' group if they want to go walking or meet up at the pool or gym can be of benefit to everyone.

Day-to-day activity

You can also increase your day-to-day activity by walking to the shops, playing with your children at the pool or park and being active around the house. Fun family activities such as dancing or playing in the backyard are great ways to be more active. Reducing the amount of time spent sitting has also been shown to help reduce the risk of type 2 diabetes.

Resistance exercise

Light to moderate resistance exercise is also beneficial for muscle strength and can help with weight loss. Resistance exercise includes using free weights, machine weights or your own body weight. Talk to a qualified exercise professional about a resistance program that suits your needs.

Pelvic floor exercises

High impact activities or those that put pressure on the pelvic floor should only be started gradually after pregnancy. This will depend on how well your pelvic floor has recovered and how your baby was delivered. Learning how to do pelvic floor exercises can help you strengthen these muscles. A physiotherapist or exercise physiologist can provide advice on pelvic floor exercises — ask your doctor or local hospital about services in your area.

Physical activity for weight loss

If you are trying to lose weight, aim to increase your daily activity levels to more than 30 minutes each day to help with weight loss.

Plan to be active

Find out what activities are available in your area through your local council, community health centre or baby health clinic. Make a plan to include regular physical activity in your day to help you achieve your goals.

Monitoring your daily activity by keeping an exercise diary or using a device such as an activity tracker or app can also encourage you to be active.

To exercise safely remember to:

- » include a 5–10 minute warm up and cool down
- » drink plenty of water during and after physical activity
- » wear loose, light clothing to avoid overheating
- » avoid exercise when you are hungry, unwell or have a high temperature
- » STOP exercising and seek medical advice if you experience chest pain, dizziness, back pain or pelvic floor weakness.



Tips for being active



Be active for at least 30 minutes/day



Exercise in a group or with friends



Stay active with your family



Try to limit the time spent sitting



Add some resistance exercise



Look after your pelvic floor

Steps to a healthy life

Step 4 Aim for a healthy weight

Aiming for a healthy weight after your pregnancy will help reduce your risk of developing type 2 diabetes in the future.

For most women it will take some months to return to their pre-pregnancy weight. For the best long-term health outcomes you should aim to reach your pre-pregnancy weight within 6–12 months after your baby is born.

If you are still carrying extra weight after your baby turns one year old, losing as little as 5–10% of your body weight will still reduce your risk of type 2 diabetes and improve your overall health.

If you are planning another pregnancy, it's important to aim for a healthy weight **before** you fall pregnant. This is one way to help reduce your risk of getting gestational diabetes again.

Setting realistic goals can help you stay on track. If you need extra support with managing your weight, see a dietitian for advice.

Benefits of breastfeeding

If you are breastfeeding your baby, continuing to do so for the first six months or more may help you with managing your weight and reduce your future risk of type 2 diabetes.



Steps to a healthy life

Step 5 Encourage a healthy lifestyle for the whole family

Encouraging the whole family to eat well and be active can have benefits for everyone.

Type 2 diabetes tends to run in families, so it's a good idea to discuss diabetes with your relatives (parents, grandparents, aunts, uncles). Ask if they have recently been checked for diabetes and if not, suggest they visit their GP for a health check.

Children born to mothers who have had gestational diabetes also have a greater chance of being overweight and developing type 2 diabetes later in life. For this reason it's recommended that the whole family eat well and stay active to reduce the risk.

Children do not need to be routinely checked for type 2 diabetes*. However, a GP may recommend type 2 diabetes checks for older children or teenagers if there are additional risk factors such as carrying too much weight, a strong family history of type 2 diabetes, or in children from a high-risk cultural background.

**Type 2 diabetes is different to type 1 diabetes (the type more commonly seen in childhood). Type 1 diabetes is an auto-immune condition that may be suspected in a child who is going to the toilet excessively to pass urine, very thirsty, losing weight and becoming tired and generally unwell. Children with these symptoms need urgent medical care. There is no additional risk of type 1 diabetes in children whose mothers have had gestational diabetes.*



Tips for healthy families

Once you have introduced a range of solid foods to your child, they can start to eat the same healthy foods as the rest of the family. For a healthy family lifestyle:

- » Base family meals on fresh foods such as fruits, vegetables, lean meats, dairy foods and wholegrains (with appropriate types of foods and textures for children's ages and stages)
- » Stock your fridge and pantry with healthy foods for everyone — try to avoid having 'junk' food in the house
- » Pack healthy snacks and lunches for day care, school and work
- » Avoid sugary drinks and limit pre-packaged snacks
- » Encourage your child/children to always have a water bottle handy and pack one for yourself too
- » As your children get older, try to eat as many meals as you can together as a family
- » Take time to stop and eat during your busy day
- » Avoid snacking on children's leftovers
- » Be active as a family — try bike riding, swimming, playing in the backyard or at the park, bushwalking or walking the dog
- » Keep an eye out for new recreational facilities or activity programs in your neighbourhood.



Goal setting

Setting goals can help you stay motivated and focused on achieving good health. Setting a few smaller goals is more likely to lead to success than having one big goal that is hard to reach. Thinking of one or two things you are ready, willing, and able to change to improve your health, is a great place to start. SMART goals are those which are:

S

Specific – make goals that clearly describe what you want to do.

For example, rather than a goal *‘I will get fit’* a specific goal would be *‘I will take the dog for a walk’*

M

Measurable – you need to be able to measure whether or not have achieved your goals.

A measurable goal would be, *‘I will take the dog for a half an hour walk at least 3 mornings a week’*

A

Achievable – setting small goals and building on them is better than setting a large goal that will be difficult to achieve.

For example, the goal *‘I will walk every morning’* may not be achievable but *‘I will walk three mornings a week’* may be.

R

Relevant – goals need to be important to you and fit into your life.

For example, the goal *‘I will walk at 5am every day’* may not fit into your life if you are not getting much sleep or there is no-one to look after your child at that time.

T

Timely – set a date for starting your goal and for achieving it.

For example, *‘I will walk on Mondays, Wednesdays and Fridays starting next week’*.

Setting yourself up for success

Once you have decided on your goals, planning ahead can help you achieve them. Make a list of what you need to do to get started, for example:

- » Making sure you have the right footwear
- » Checking your calendar for what is happening next week
- » Making sure your alarm is set to wake up
- » Putting it in your electronic diary or calendar as an appointment
- » Getting your walking clothes out and ready to put on
- » Having the dog lead somewhere handy.

Barriers

Often things can get in the way of you achieving your goals. Thinking about these things in advance means you are more likely to avoid or overcome them. These may include things such as the weather, work or family schedules or poor sleep patterns.



Checking your progress

Checking your progress from time to time can help you stay on track. Depending on your goal you could do this by keeping a food or exercise diary or a physical activity tracker.

If you haven't achieved your goals, don't be discouraged. Review any goals you are finding difficult and think about what you can do differently. Sometimes you may need to change something about your goals to help keep you on track. For example, arranging to meet a friend for a walk or joining an exercise class may be an alternative to walking the dog that still achieves the same results.

Sharing your goals

Sharing your goals with family and friends can help to motivate you, as they may want to support you to achieve your goals or join you. Discussing your goals with your health professionals and monitoring your progress can also help keep you 'on track'.

Reward yourself

It's a great idea to reward yourself when you achieve your goals. A new outfit, massage or book can help motivate you to keep up the good work.

Goals may be challenging at first, but with time and effort, your health goals can become part of your everyday life.



Planning for another pregnancy

Before your next baby

If you are planning for another pregnancy, it's important to:

1. See your GP for a diabetes check

If you are planning for another pregnancy it's recommended that you see your GP to discuss pre-pregnancy planning and care. Remind them that you have had gestational diabetes. This should include a check for type 2 diabetes (usually an oral glucose tolerance test) before trying for another baby.

2. Eat well, be active and aim for a healthy weight

A healthy lifestyle and aiming for a healthy weight before trying for another baby can help reduce the risk of getting gestational diabetes in another pregnancy.

3. Get tested for gestational diabetes early in pregnancy

If you have had gestational diabetes you are at risk of getting it again in another pregnancy. It's recommended that you get tested for gestational diabetes earlier in all future pregnancies. Ask your health professionals for advice on early testing.



What if I develop diabetes before my next pregnancy?

If you are diagnosed with pre-diabetes or type 2 diabetes, it's important to plan and prepare for pregnancy before you start trying for another baby.

Pre-diabetes

If you have been diagnosed with pre-diabetes, you should see your doctor before you start trying for another baby. Your doctor is likely to recommend an oral glucose tolerance test (OGTT) before your next pregnancy to check that your pre-diabetes hasn't progressed to type 2 diabetes. Your doctor will decide whether or not you need to have this done depending on how long it has been since your last OGTT.

Women with pre-diabetes will usually be referred to specialist services early in their pregnancy and monitored closely throughout pregnancy. You may be advised to start management for gestational diabetes straight away without another OGTT until after that pregnancy. Or you may be advised to have an OGTT early in your pregnancy (usually before 16 weeks).



Type 2 diabetes

Women with known diabetes before pregnancy can have a healthy baby, but there are extra risks during pregnancy, including an increased risk of birth defects and miscarriage. The risks are higher when blood glucose levels before and during early pregnancy have not been within the target range. There is also an increased risk of other complications during pregnancy, such as developing high blood pressure and pre-eclampsia, as well as having a large baby. Careful planning and support from a team of health professionals will help reduce these risks. It's recommended to have a review of your diabetes and general health at least 3-6 months before you start trying for a baby.

The following checklist can help women with type 2 diabetes plan for pregnancy:

- ☐ Use contraception until you are ready to start trying for a baby (ask your doctor which contraception is the most reliable and suitable for you)
- ☐ Talk to your doctor for general pregnancy planning advice and referral before pregnancy to specialist services for diabetes in pregnancy
- ☐ Make an appointment with health professionals who specialise in pregnancy and diabetes
- ☐ Aim to keep blood glucose levels in the target range and an HbA1c (average blood glucose levels) of 6.5% (48mmol/mol) or less
- ☐ Review your diabetes management with your diabetes health professionals
- ☐ Have all of your medications checked to see if they are safe to take during pregnancy
- ☐ Start taking a high-dose (2.5mg–5mg) folic acid supplement each day
- ☐ Have a full diabetes complications screening and your blood pressure checked
- ☐ Aim to have your weight as close as possible to the healthy weight range before you fall pregnant.

Use this checklist as a guide to discuss with your health professionals.

For more information go to: [ndss.com.au](https://www.ndss.com.au)

Looking after your health into the future

When you registered on the NDSS with gestational diabetes you were automatically included on the National Gestational Diabetes Register. The Register aims to help women with gestational diabetes manage their health during pregnancy and into the future. As part of the Register, both you and your doctor will be sent ongoing reminders about regular type 2 diabetes checks.

If you need more information or support after gestational diabetes, talk to your local health professionals. They can recommend services available in your area. Many state health departments also offer healthy lifestyle coaching services — ask your GP for more information.

You can also call the NDSS Helpline on **1800 637 700** to talk to a diabetes health professional for advice about reducing your risk of future type 2 diabetes. If you would like more information about the National Gestational Diabetes Register or to update your details, call the NDSS Helpline or go to ndss.com.au.



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For further information regarding this publication, its development or availability call the NDSS Helpline on **1800 637 700** or email **info@ndss.com.au**

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