

FACT SHEET:

Understanding gestational diabetes

Gestational diabetes is a form of diabetes that occurs during pregnancy. About one in seven pregnant women will develop gestational diabetes. It is usually diagnosed around 24 to 28 weeks of pregnancy.

For most women, diabetes goes away after the baby is born. But there is an increased risk of type 2 diabetes after pregnancy and a higher risk of developing gestational diabetes in future pregnancies.

What is gestational diabetes?

Diabetes is a condition where there is too much glucose (sugar) in the bloodstream. Glucose is an important source of energy for your body. It comes from carbohydrate (carb) foods that you eat such as bread, pasta, rice, cereals, fruits, starchy vegetables, milk and yoghurt. Your body breaks down carbs that you eat into glucose. This glucose then enters your bloodstream.

Insulin allows glucose from the bloodstream to enter the body's cells and be used for energy. Insulin is made in the body by your pancreas.

During pregnancy, some of the hormones made by the placenta reduce the action of insulin. The pancreas then needs to make extra insulin to keep blood glucose levels in the target range. If the pancreas cannot make enough extra insulin, blood glucose levels rise and gestational diabetes develops.

Who is at risk of gestational diabetes?

Women have an increased risk of gestational diabetes when they:

- have had gestational diabetes in a previous pregnancy
- have had elevated blood glucose levels in the past
- are aged 40 years or over
- come from an Aboriginal or Torres Strait Islander background
- are from an African, Melanesian, Polynesian, South Asian, Chinese, Southeast Asian, Middle Eastern, Hispanic or South American background

- have a family history of type 2 diabetes or a first-degree relative (mother or sister) who has had gestational diabetes
- have a weight above the healthy weight range
- have polycystic ovary syndrome
- have had a large baby (weighing more than 4,500 gram (g)) or complications in a previous pregnancy
- are taking some types of antipsychotic or steroid medications
- have gained weight too rapidly in the first half of pregnancy.

How is gestational diabetes diagnosed?

- All pregnant women should be tested for gestational diabetes between 24 to 28 weeks (unless they have been diagnosed with type 1 diabetes or type 2 diabetes before pregnancy).
- Women who have risk factors for gestational diabetes may be tested earlier in their pregnancy.
- Gestational diabetes is diagnosed using an oral glucose tolerance test (OGTT). This is done at a pathology lab. You will need to fast overnight before having this test.
- Blood will be taken to check your fasting blood glucose level. After this, you will be given a sugary drink and have your blood tested one and two hours later. You will be asked to sit and wait between tests.
- If your blood glucose level is above the normal range at your fasting, one or two-hour test, you have gestational diabetes.

Why is it important to manage gestational diabetes?

If your blood glucose levels are high during pregnancy, glucose passes across the placenta to the baby. This means the baby then makes extra insulin. This can make the baby grow too big and cause problems during labour, which increases the risk of early delivery or the need for a caesarean birth.

After the birth, the baby may have a greater risk of low blood glucose levels (also known as

hypoglycaemia). This can occur because the baby is no longer getting extra glucose from their mother, but they continue to make extra insulin. This causes their blood glucose levels to drop.

Women with gestational diabetes also have an increased risk of developing high blood pressure and a condition called pre-eclampsia during pregnancy.

How is gestational diabetes managed?

When you are diagnosed with gestational diabetes there are health professionals who can help you. These include specialist doctors, diabetes educators and dietitians. They can work with you to help keep your blood glucose levels within the target range. This will provide the best outcome for both you and your baby.

You can manage gestational diabetes by following a healthy eating plan, doing regular physical activity, and monitoring blood glucose levels. This will help keep blood glucose levels within the target range for a healthy pregnancy. It will also help you to manage your pregnancy weight gain. Some women will also need insulin injections or medication to help manage gestational diabetes.

Healthy eating

Healthy eating is important to help keep your blood glucose levels within the target range, and to provide all your nutritional needs for pregnancy and achieve a healthy pregnancy weight gain.

Eating well for gestational diabetes includes choosing the right type and amount of carbs, limiting foods high in saturated fat and eating a variety of nutritious foods.

Choose the right type and amount of carb foods

Carbs are an important source of energy for your body, especially during pregnancy. These foods include breads and cereals, grains, starchy vegetables such as potato, corn and sweet potato, fruit, legumes, yoghurt and milk. To manage your blood glucose levels, you need to eat the right type and amount of carbs.

Eat some carbs at each meal and snack.

The best carb choices are those that are high in fibre and have a lower glycemic index (GI). Low-GI carbs include dense grainy/seeded breads, rolled oats, natural muesli, pasta, low-GI white or brown rice, milk, yoghurt, legumes and most fruit.

Spread carbs over three small meals and two or three snacks. This can help keep blood glucose levels in the target range and maintain your energy levels. Large amounts of carb foods at any one meal or snack can cause blood glucose levels to rise too high.

Your dietitian can advise you on the amounts of carbs that are right for you.

Avoid food and drinks that are high in added sugars and have little nutritional value. These include soft drinks, cordial, cakes, biscuits, chocolates and lollies.

Limit foods high in saturated fat

Eat less saturated fat. Choose lean meats, skinless chicken and low-fat dairy foods, and avoid takeaway and processed foods.

Have small amounts of healthy fats, such as olive oil or canola oil, unsalted nuts, seeds and avocado.

Eat a variety of nutritious foods

Your body needs extra nutrients during pregnancy. This includes iron and folate to help your baby develop. Eating a wide variety of nutritious foods including vegetables, fruits, lean meats, low-fat dairy foods and wholegrain breads and cereals – can help you to meet these extra nutritional needs.

Food safety is also important during pregnancy. Avoid high-risk foods such as processed meats, uncooked meat, cold seafood, raw eggs, soft cheeses and pre-prepared vegetables and salads.

A dietitian can advise you on how to meet your nutritional needs during pregnancy. They can also provide information on food safety and healthy eating for gestational diabetes.

Physical activity

Physical activity can help you manage your blood glucose levels and pregnancy weight gain. It will keep you fit to prepare for the birth of your baby.

Being active also has other benefits, such as managing pregnancy symptoms like heartburn, constipation and lower back pain.

Talk to your doctor before starting or continuing any form of physical activity while you are pregnant.

It is important to try to be active every day when you have gestational diabetes. Activities could include swimming, brisk walking, pregnancy yoga or pilates, and aqua fitness classes.

Talk to your diabetes educator about the effects of exercise on your blood glucose levels, especially if you are taking insulin.

Monitoring blood glucose levels

Blood glucose monitoring is an essential part of managing gestational diabetes. A diabetes educator can show you how to check your blood glucose levels using a blood glucose meter and advise you on target levels for pregnancy.

The most common times to check blood glucose levels are when you wake up in the morning (fasting) and one or two hours after the start of each main meal. You may also be advised to check your blood glucose levels at other times.

Regular blood glucose monitoring can help you understand the effects of food and physical activity on blood glucose levels. Keep a record of your blood glucose readings so that your diabetes health professionals can work with you to look for any patterns in your blood glucose levels. They can also advise you on what to do if your blood glucose levels are outside the target range.

Medications

If your blood glucose levels are above the target range, you may need medication to help manage gestational diabetes. Most diabetes tablets are not suitable for use during pregnancy, but a medication called metformin is sometimes used.

Some women will need insulin injections to help keep blood glucose levels in the target range. Insulin does not cross the placenta and will not harm your baby. If you need insulin, your diabetes educator will teach you how to give an injection. Your insulin doses will also need to be reviewed regularly.

Pregnancy weight gain

As your baby grows, it is normal to gain weight during your pregnancy. Your recommended weight gain during pregnancy depends on your weight before you were pregnant. Discuss your individual pregnancy weight gain targets with your health professional.

Who can help with your gestational diabetes?

Managing gestational diabetes is a team effort, involving you, your partner, your family, and health professionals. There are many different health professionals who can help you, including:

- your general practitioner (GP)
- an endocrinologist (diabetes specialist)
- an obstetrician
- a diabetes educator or diabetes nurse practitioner
- a dietitian
- an exercise physiologist or physiotherapist
- a midwife.

After gestational diabetes

You will be advised to have an oral glucose tolerance test 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 within the normal range.

Depending on your risk factors, you will also need to have a check for type 2 diabetes every one to three years. Ask your doctor for more information.

Gestational diabetes can occur again in future pregnancies. You also have an increased risk of developing type 2 diabetes.

You can reduce your risk by:

- being in the healthy weight range
- making healthy food choices
- being physically active every day.
- breastfeeding your baby.

If you develop type 2 diabetes, early diagnosis and management are important for good health, especially if you are planning for a future pregnancy.

Babies born to women who have had gestational diabetes also have an increased risk of childhood obesity and type 2 diabetes later in life. It is important for the whole family to eat well and stay active to reduce this risk.





More information and support

- If you are diagnosed with gestational diabetes and you register with the NDSS, you will receive information to help you manage gestational diabetes. You will also be included on the National Gestational Diabetes Register. As part of the register, you and your GP will receive information and reminders to help you manage your health into the future. For more information on how to register, go to [ndss.com.au](https://www.ndss.com.au), call the NDSS Helpline **1800 637 700** or speak to your health professional.
- Go to [ndss.com.au](https://www.ndss.com.au) to find out more about gestational diabetes in the 10 episodes of the 'Understanding gestational diabetes' video series.
- Go to [healthdirect.gov.au](https://www.healthdirect.gov.au) to find diabetes health professionals near you or search for:
 - » a diabetes educator at [adea.com.au](https://www.adea.com.au)
 - » a dietitian at [dietitiansaustralia.org.au](https://www.dietitiansaustralia.org.au)
 - » an exercise physiologist at [essa.org.au/find-aep](https://www.essa.org.au/find-aep).



