

Fact Sheet

Gestational Diabetes

womensnewbornhealth.com.au

What is Gestational Diabetes?

Gestational diabetes (GDM) is when your blood glucose levels go too high in pregnancy, which can occur around 24 to 28 weeks. This type of diabetes usually goes away shortly after you have your baby.

Some women have diabetes before they are pregnant, so a blood glucose level is checked with routine blood tests when women first find out they are pregnant, in case they already have diabetes but didn't know.

Diabetes Australia state that you are at more risk of developing gestational diabetes if you:

- are over 25 years of age
- have a family history of type 2 diabetes
- are overweight
- are from an Indigenous Australian or Torres Strait Islander background
- are from a Vietnamese, Chinese, middle eastern, Polynesian or Melanesian background
- have had gestational diabetes during previous pregnancies
- have previously had Polycystic Ovary Syndrome
- have previously given birth to a large baby
- have a family history of gestational diabetes.

A small percentage of pregnant women will develop diabetes in pregnancy, so all women are offered testing for gestational diabetes between 24-28 weeks of pregnancy.

A blood glucose level sample is taken before you drink a glucose drink and then two hours after the drink.

During the time of testing you will be told not to eat anything from when you drink the glucose drink until when the blood sample at 2 hours is collected.



You will be required to wait there until the test is completed.

What to do after being diagnosed with gestational diabetes?

You might be worried if you find out you have gestational diabetes, but remember women with gestational diabetes can still have a healthy pregnancy, normal delivery and a healthy baby.

You can help by:

- healthy eating
- physical activity
- monitoring and maintaining a normal blood glucose level while you are pregnant.

A small number of women with gestational diabetes, require insulin injections during their pregnancy. Blood glucose lowering tablets are generally not used in pregnancy. Once the baby is born insulin is usually no longer needed as gestational diabetes usually disappears.

Checking after gestational diabetes

You will need another Oral Glucose Tolerance Test (OGTT) at six weeks after giving birth to ensure that blood glucose levels have returned to normal.

Chances of developing Type 2 diabetes

Women who have had gestational diabetes in their pregnancy have an increased risk of developing Type 2 diabetes later in life and should be tested for diabetes by their general practitioner (GP) at least every 2 – 3 years.

You can find out if you have diabetes in your pregnancy when your caregiver refers you for a test called [Oral Glucose Tolerance Test \(OGTT\)](#).

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What causes gestational diabetes?

In pregnancy, the placenta produces hormones that help your baby grow and develop. These hormones also block the action of your insulin. This is called insulin resistance.

Because of this insulin resistance, the need for insulin in your pregnancy is 2 to 3 times higher than normal. If you already have insulin resistance, then your body may not be able to cope with the extra demand for insulin production and the blood glucose (sugar) levels will be higher resulting in gestational diabetes being diagnosed.

Can gestational diabetes affect my baby?

Your baby may also be at risk of developing Type 2 diabetes later in life, so when they are older remind them that healthy eating and physical activity can help prevent diabetes.

If gestational diabetes is not well looked after (blood glucose levels remain high or very low) it may result in problems such as a large baby, miscarriage, premature birth or stillbirth.

A large baby may make more chance of injury at birth, caesarean delivery, forceps delivery and a need for your baby to be looked after in special care nursery until the baby's glucose level stabilises after delivery.

If any problems occur, our hospital staff will care for you and your baby. You can help prevent these complications by monitoring your blood glucose levels.

Monitoring blood glucose levels while pregnant

It is important that women monitor their blood glucose levels at home through daily blood tests to check that management of their diabetes has the expected effect of normalising your blood glucose levels.

The Diabetes Educator can educate you how and help you to understand your blood glucose patterns. This is to ensure appropriate treatment can be administered and changed as necessary.

Desired blood glucose levels

Your doctor or Diabetes Educator will inform you of the desired blood glucose levels to aim for.

The desired blood glucose level targets are between 4 – 7 mmol/L in pregnancy

For more information, contact your midwife / Obstetrician / Diabetes specialist / Diabetes educator if you have any more questions.

To read more stories of women's experiences of gestational diabetes visit www.diabetesnsw.com.au

For more information on how to have a healthy baby when you have gestational diabetes, read GDM booklet at [Diabetes Australia](#).

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

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