

# Gestational Diabetes

# Gestational Diabetes

## What is gestational diabetes?

- Your body makes a hormone called insulin to balance your blood glucose (sugar) levels.
- Diabetes is when your body does not make enough insulin. This causes your blood sugar levels to be too high.
- Gestational diabetes happens during pregnancy, usually during the later stages, around week 24.
- Gestational diabetes is common. It usually goes away after you deliver your baby.

## What causes gestational diabetes?

- The cause is not known, but it is believed to be many things. Gestational diabetes may happen during any pregnancy.
- You may be at a higher risk of developing gestational diabetes if:
  - › You have a BMI over 30.
  - › You have a family history of diabetes.
  - › You have given birth in the past to a baby who weighed 4.5 kg (9.9 pounds) or more.
  - › You are South Asian, Chinese, African-Caribbean, or Middle Eastern.
  - › You have had gestational diabetes before.

**If you have a higher risk of gestational diabetes, ask your health care provider about being tested for high blood glucose during your pregnancy.**

## How do I know if I have gestational diabetes?

- Your health care provider may find glucose in your urine (pee) during a regular prenatal appointment. If they find glucose in your urine, they may ask you to have a glucose tolerance test (GTT).

- **If you have had gestational diabetes before**, your primary health care provider may:
  - › ask you to have blood work done early in your pregnancy (between 24 to 28 weeks) to check your blood glucose levels. If your early pregnancy blood work shows a normal blood glucose level, you will have a 50 gram GTT. A 75 gram GTT may be done depending on the results of your 50 gram GTT.

### **How do I get ready for a 75 gram GTT?**

- **Do not eat or drink anything after midnight the night before your test.**
  - › Drinking water is OK.
- On the day of the test, you will have a blood test before you eat or drink anything. You will then be given a glucose (sugar) drink.
- After 1 to 2 hours, you will have a blood test. This is to check your body's reaction to the glucose in the drink.

### **What are the symptoms?**

- **If you have had gestational diabetes, you have a higher risk of:**
  - › Developing it again in another pregnancy
  - › Developing type 2 diabetes within 5 years after your pregnancy
- To lower your chance of developing type 2 diabetes, your health care team will:
  - › give you information about eating healthy, staying active, and keeping a healthy weight.
  - › recommend having a GTT each year.

It is important to closely monitor and manage your blood glucose levels during pregnancy. **If gestational diabetes is not treated or is not managed well, it can cause complications during pregnancy or delivery.**

## How will gestational diabetes affect my baby?

- Most people with gestational diabetes deliver healthy babies.
- Gestational diabetes may cause your baby to:
  - › Grow bigger than average
  - › Need special care after birth
  - › Have a higher chance of being obese (very overweight) and having type 2 diabetes in the future
  - › Have shoulder dystocia (their shoulder gets stuck during delivery)
  - › Be stillborn or die around the time of birth. **This is rare.**

Talk to your health care provider if you have any questions about these risks.

**You can lower the risk of complications for you and your baby by keeping your blood glucose at normal levels during your pregnancy.**

## How is gestational diabetes treated?

- **It is important to get treatment as soon as you are diagnosed with gestational diabetes.** You will need to have more appointments with your health care team to manage your gestational diabetes. You may also need more ultrasound scans to check your baby's growth.

## How can I manage my gestational diabetes?

- **It is very important to monitor your blood glucose levels regularly.** Your health care provider will explain how to do this and tell you what level is right for you.

**If your first glucose level test result is very high, you may need treatment right away.**

- Ask your health care provider which foods will help to keep your blood glucose levels healthy and stable.
- Walking for 30 minutes after each meal can help to regulate your blood glucose levels.

- **If your blood glucose levels are still high after eating healthy and staying active, your health care provider may:**
  - › check how big your baby is through an ultrasound.
  - › prescribe medication.
- You will receive follow-up in a Diabetes Centre in your community.

## **Delivery**

- Your health care team will talk with you about the treatment that is right for you and your baby.
- We recommend delivering your baby at a hospital with a team of health care team providers (doctors, nurses, respiratory therapists).
- The health care teams may include:
  - › Diabetes specialist (a doctor or nurse with extra training in managing diabetes)
  - › Obstetrician (a doctor who cares for pregnant people before, during, and after birth)
  - › Diabetes nurse
  - › Midwife
  - › Dietitian
- During delivery, your health care team will closely monitor your blood glucose levels. You may need to take insulin through an intravenous (I.V.) tube injected into your blood stream to help with this.

## **When can I expect my baby to arrive?**

- Your health care team will monitor your pregnancy to make sure you and your baby are safe.
- **We recommend you deliver your baby before 41 weeks of pregnancy.** If you have complications before you plan to deliver your baby, your health care team may recommend delivering your baby sooner.

## What will happen after my baby is delivered?

- You can have skin-to-skin contact with your baby right away. During skin-to-skin contact, the baby is placed on the bare chest of the birth parent.
- Your baby will likely stay in your hospital room with you.
- **Your baby's blood glucose levels will be checked a few hours after birth to make sure they are not too low.** To help them relax, we recommend holding your baby in skin-to-skin or while breastfeeding or chestfeeding, when blood is taken for testing.
- Since gestational diabetes usually goes away after you give birth, your health care team will likely tell you to stop taking your diabetes medication right away.
- Before you leave the hospital, they will check your blood glucose levels to make sure they are normal. You will also have a fasting (no eating or drinking) blood glucose test 6 to 13 weeks after giving birth.
- If you have gestational diabetes, you are at a higher risk of developing type 2 diabetes within 5 years after your pregnancy.

## What are my options for feeding my baby?

- If you have gestational diabetes, it is safe to breastfeed or chestfeed, or formula-feed your baby.
- **Babies born to people with gestational diabetes are at a higher risk of having low blood glucose.** It is important to start feeding your baby as soon as you can after birth, and then every 2 to 3 hours. This will help to keep up their blood sugar levels.
- If you are breastfeeding or chestfeeding, your health care team may suggest that you also hand express and give your baby the colostrum (also called early breast milk). Colostrum has a lot of nutrients. For more information, see the pamphlet *How to Hand Express Breast/Chest Milk*:
  - › [www.nshealth.ca/patient-education-resources/2004](http://www.nshealth.ca/patient-education-resources/2004)
  - › If you have any questions about colostrum, please talk with a member of your health care team. They can explain how to express and store colostrum starting at 36 weeks of pregnancy to get ready for when your baby is born.



## Will I have gestational diabetes in my next pregnancy?

- You have a higher risk of developing gestational diabetes in your next pregnancy.
- Before you get pregnant again, it can help to eat healthy, stay active, and keep a healthy weight.
- **Talk with your health care provider as soon as you know you are pregnant.**

## What if I need support?

- It is common to feel overwhelmed by medical tests and treatments. If you are anxious, talk with a member of your health care team. They can help to connect you with the right support (like health care providers and community groups).
- Your health care team will also give you advice and support on:
  - › Getting ready for delivery
  - › Caring for your baby
  - › Caring for yourself
  - › Contraception (birth control, condoms)

## Resources

### Gestational diabetes – Diabetes Canada

- › [www.diabetes.ca/about-diabetes/gestational](http://www.diabetes.ca/about-diabetes/gestational)

### Baby-Friendly Initiative

- › [www.nshealth.ca/infant-health-and-care/baby-friendly-initiative](http://www.nshealth.ca/infant-health-and-care/baby-friendly-initiative)



**Notes:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

*Prepared by:* Women and Children’s Unit, Cumberland Regional Health Care Centre  
*Designed by:* Nova Scotia Health Library Services

WP85-2403 © May 2024 Nova Scotia Health Authority  
To be reviewed May 2027 or sooner, if needed.

