

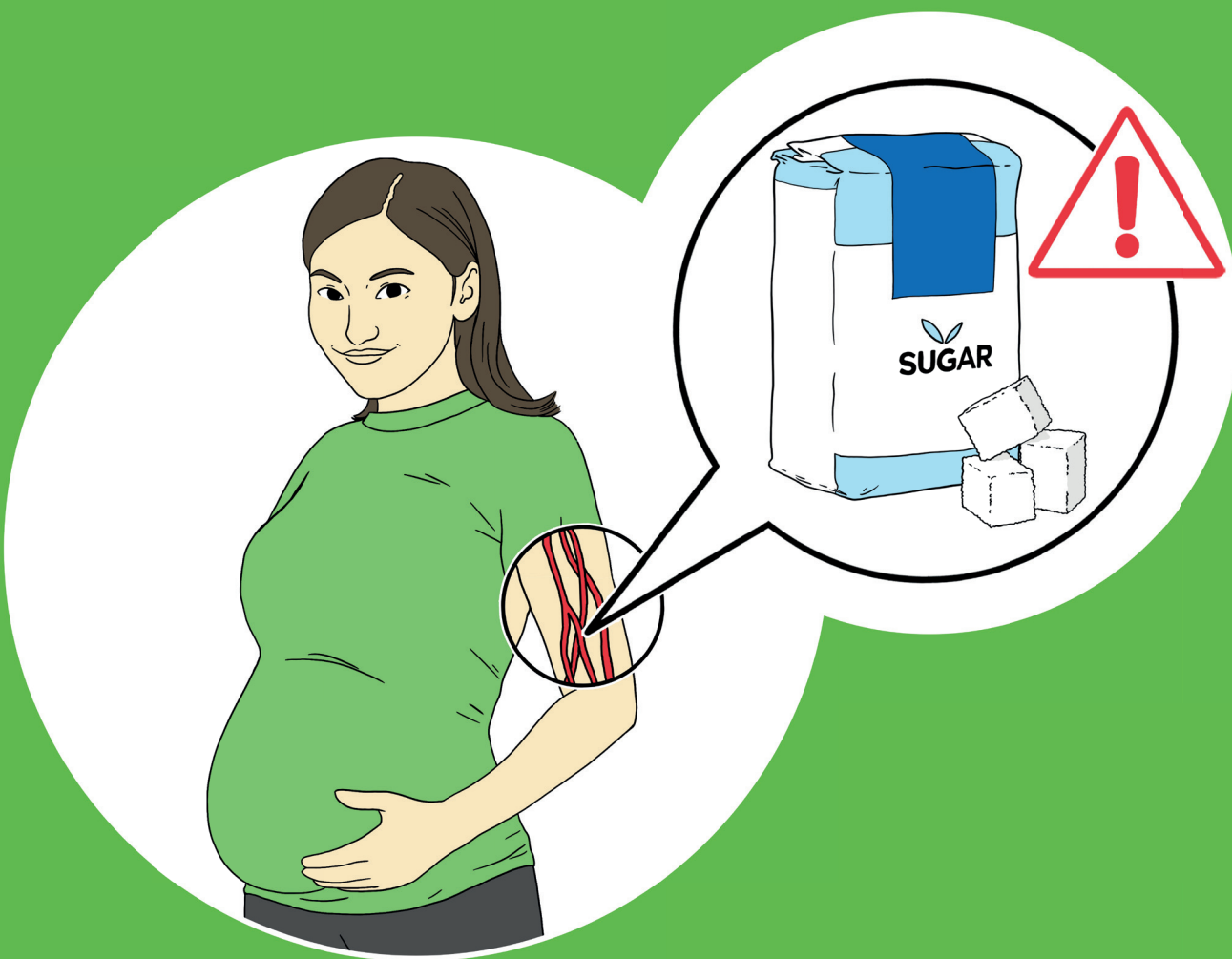


**Local Maternity &
Neonatal System**



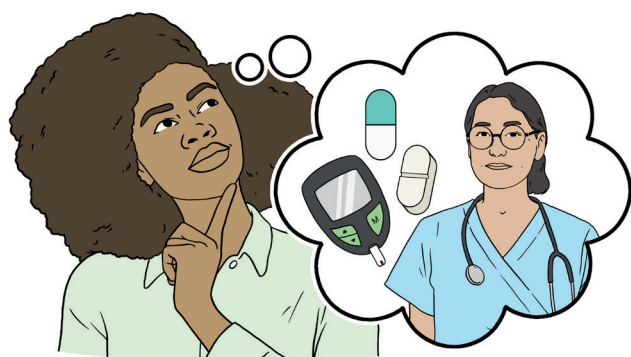
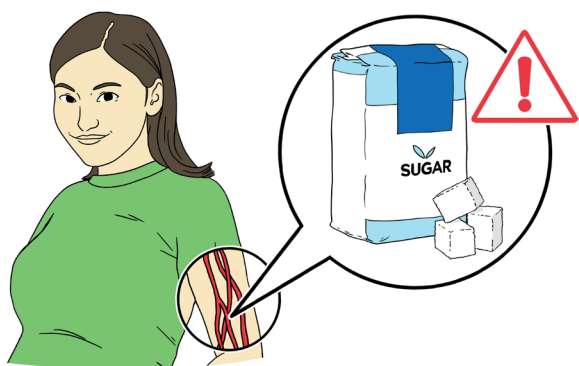
Information for you

Gestational Diabetes



easy read

About this Information



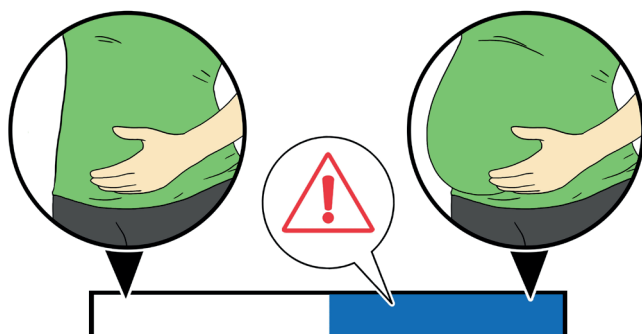
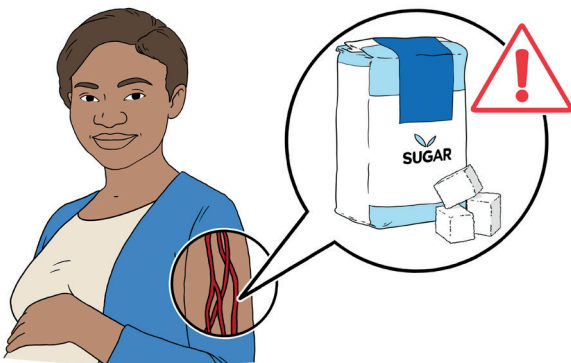
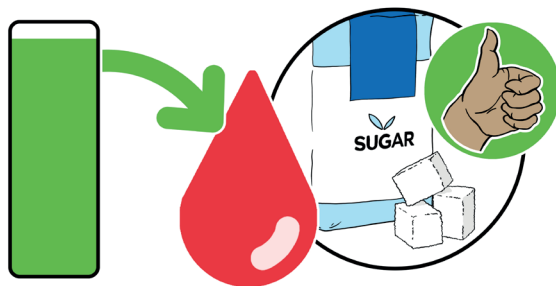
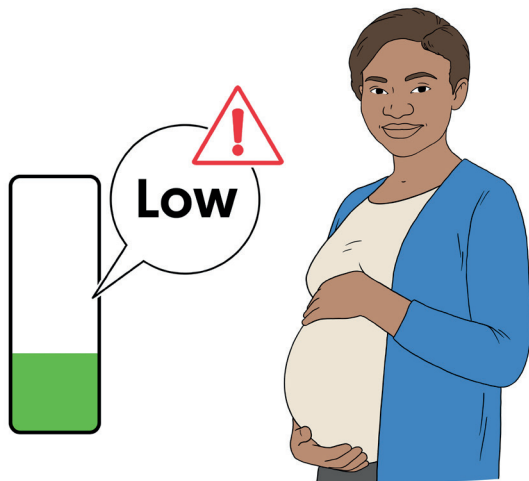
Gestational diabetes is **diabetes** that you can get when you are pregnant. Most people who get this have healthy pregnancies and healthy babies.

Diabetes is an illness that means your body struggles to control the amount of sugar in your blood. This means that it can make your blood sugar too high and can cause problems for you.

This information is for people that have or are being tested for gestational diabetes or know someone who is.

We have made this booklet to help you better understand what gestational diabetes is and what treatment you may need.

Gestational diabetes

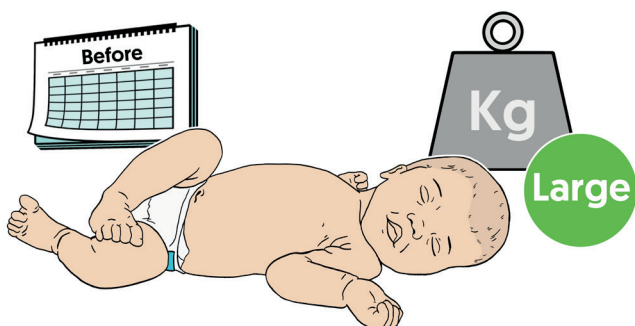
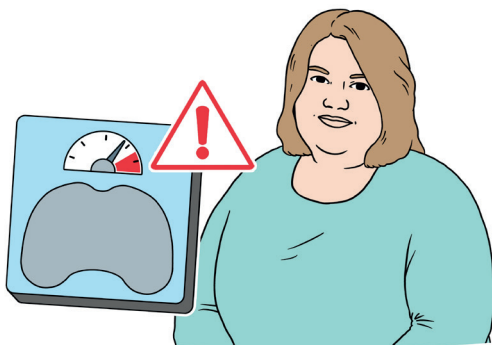
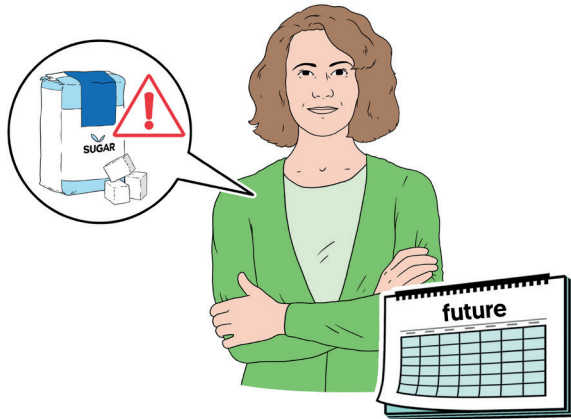


Gestational diabetes happens because your body can not make enough **insulin** to meet the extra needs of pregnancy.

Insulin is the hormone that helps to control the amount of sugar in your blood.

This leads to high blood sugar levels, this is also known as having high blood **glucose** levels. **Glucose** is a word for sugar.

Gestational diabetes normally starts in the middle or towards the end of pregnancy.



After your baby is born your doctor will do a blood test to check that the diabetes has gone away.

Having gestational diabetes makes it more likely that you could get diabetes in the future.

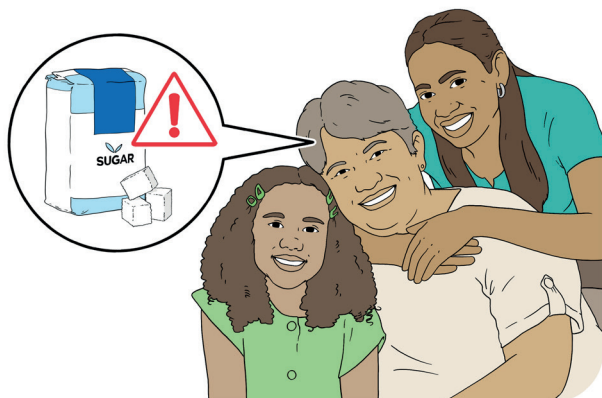
It is a common illness that pregnant people can get, but you are more likely to get it if:

- you are overweight

- you have given birth to a large baby before

This means one weighing more than 4.5 kg or 10lbs at birth.

- you have had gestational diabetes before



- your parents, brother or sister have diabetes



- your family is Black African, African Caribbean or South Asian.

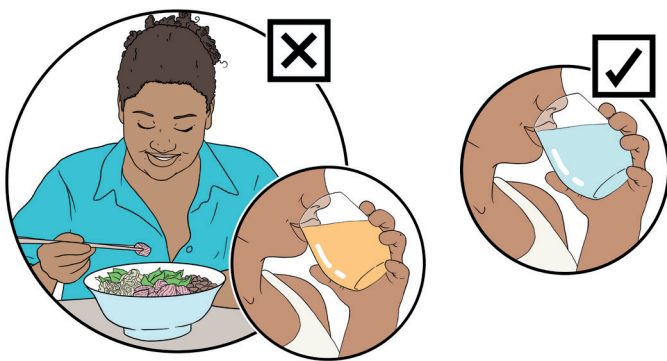
How will I be checked for gestational diabetes?



If your healthcare team think you are more likely to get gestational diabetes they can test you for it.



This could be a **Oral Glucose Tolerance Test (OGTT)** in mid to late pregnancy.



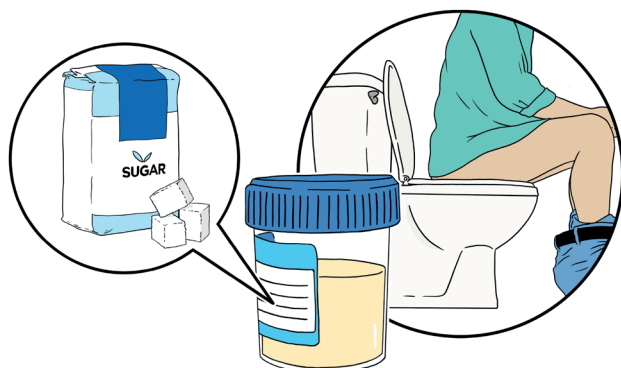
If you are having a OGTT you will be asked to not eat or drink anything other than water the night before your test.



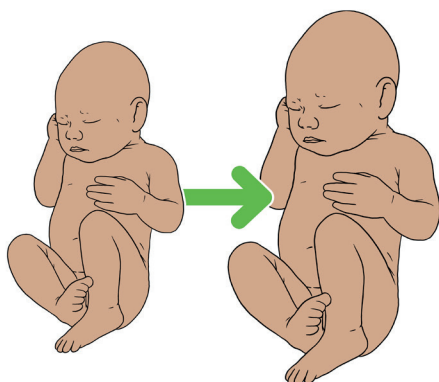
The next day you will have a blood test and a sugar drink to drink after.



1 to 2 hours after having the drink, your blood will be tested again to see how your body reacts.



You may also be asked to do a OGTT if your healthcare team find sugar in your wee when doing a **urine** test. **Urine** means wee.



You will also be asked to have a OGTT if a scan shows that your baby is growing larger than most babies.

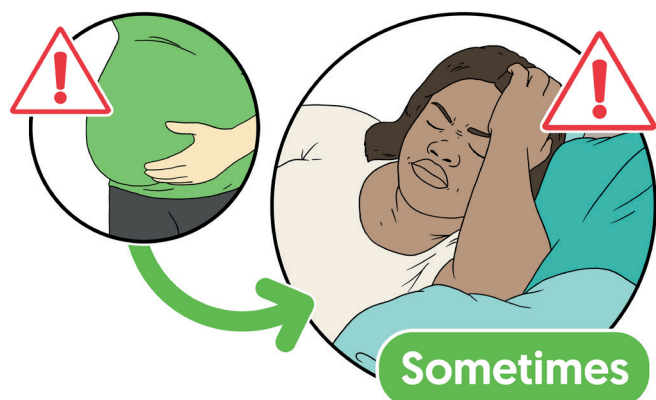


If we can not do a OGTT, we will do a blood test instead.

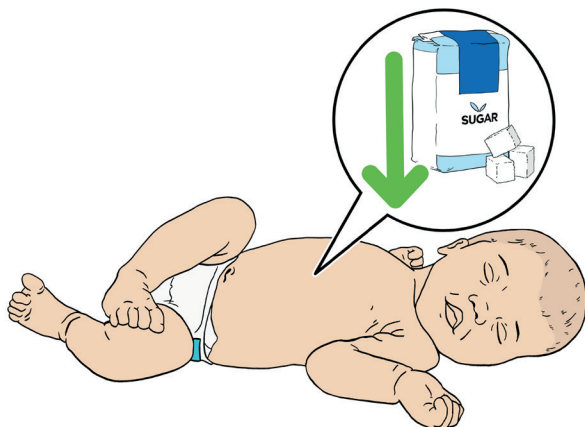
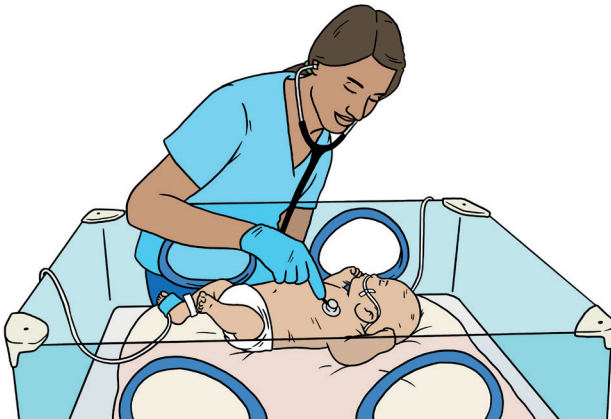
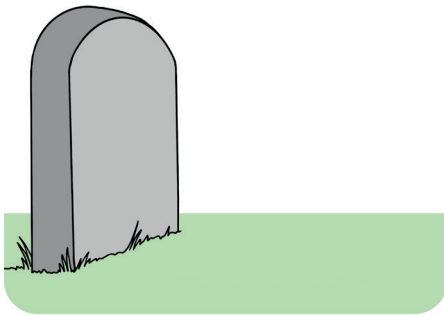
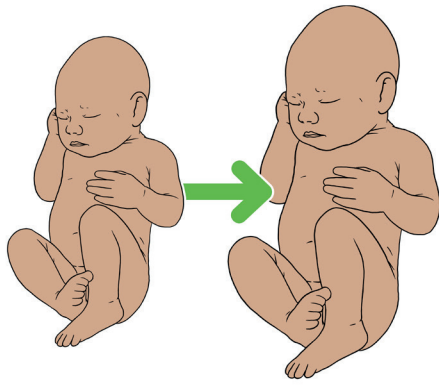
What does gestational diabetes mean for me and my baby?



Most people that get gestational diabetes have healthy pregnancies and healthy babies.

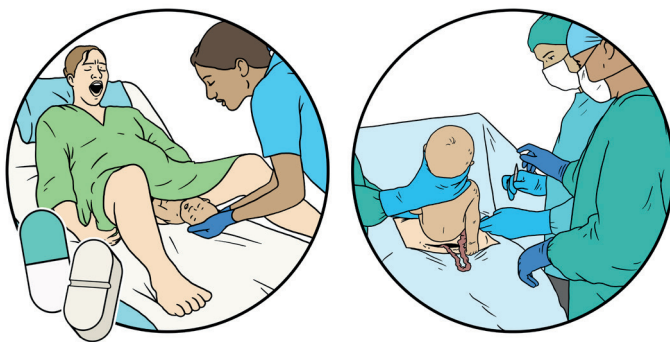
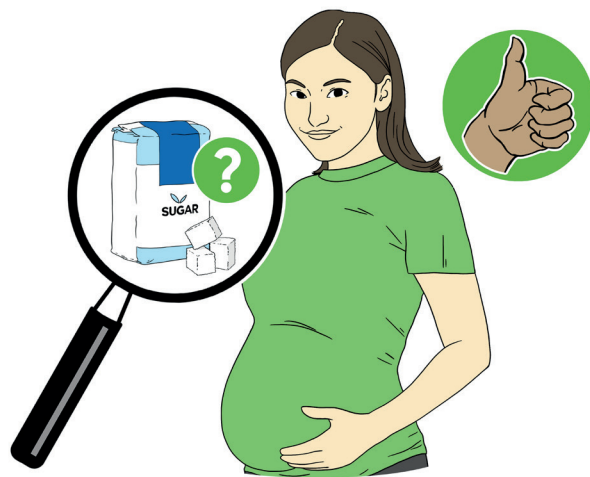
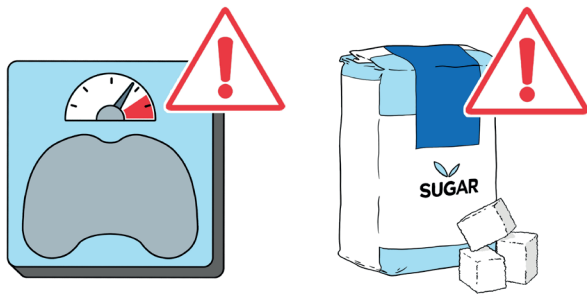


But sometimes gestational diabetes can cause serious problems, this is more likely if nobody knows you have it.



Gestational diabetes can cause problems, the risks to your baby are:

- being bigger or smaller than most babies
- being born may be more difficult
- dying before they can be born
But this does not happen a lot.
- needing more care when they are born
They may also need to stay in the hospital for some time.
- having low blood sugar after being born
We test your baby's blood to check for this.



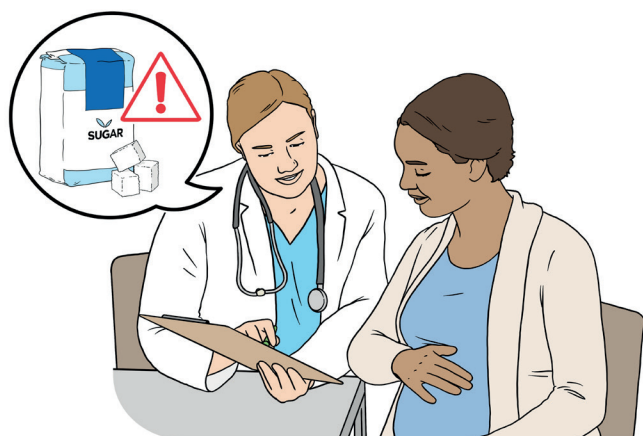
- being more likely to be overweight and get diabetes when they grow up.

Controlling the levels of sugar in your blood during pregnancy can help to lower these risks.

If your blood sugar levels are high, you are more likely to need help to give birth. This could be with medicine to try to get the baby to come or with a surgery called a **caesarean** to take the baby out.

You can read more about what caesareans are in our booklets **Thinking about a planned caesarean birth** and **Birth options after having a caesarean section**.

What extra care will I need during my pregnancy?



If you have gestational diabetes, your healthcare team will tell you more about what you need to know.



They will also advise you to have your baby in the hospital so they can help if it is needed.

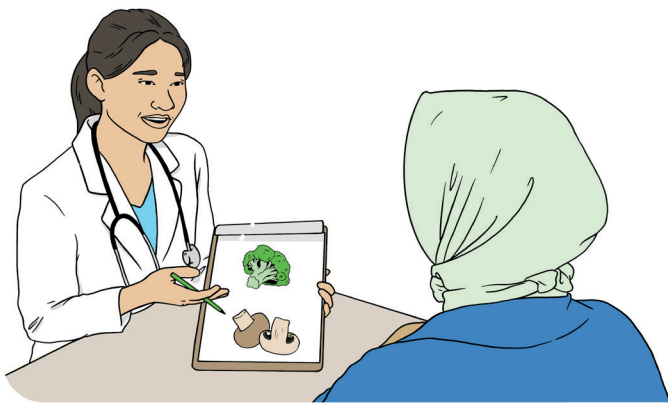
Healthy eating and exercise



The most important treatment for gestational diabetes is eating healthily and exercising regularly. This may be the only treatment you need.

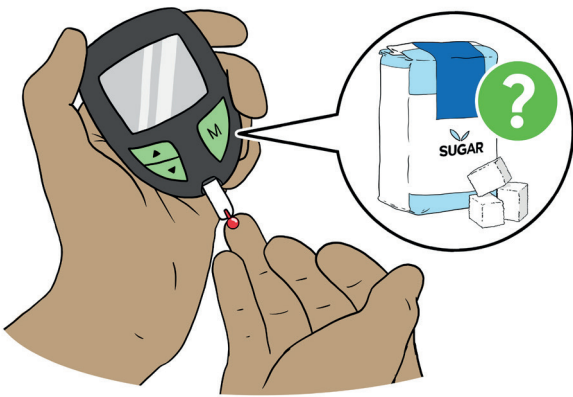


Going for a 30 minute walk after eating can help your body to control your blood sugar levels.

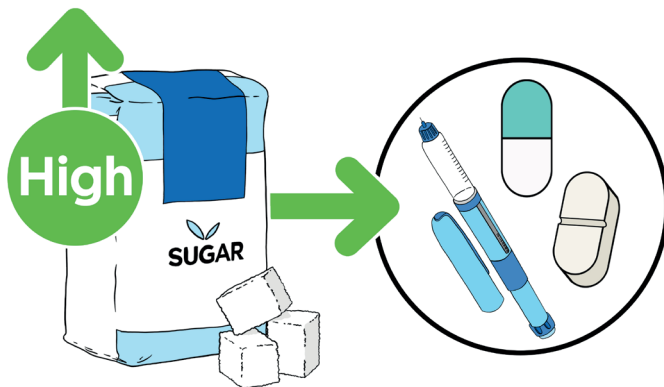


Your healthcare team can help you pick the foods that will help you the most.

Checking your blood sugar levels



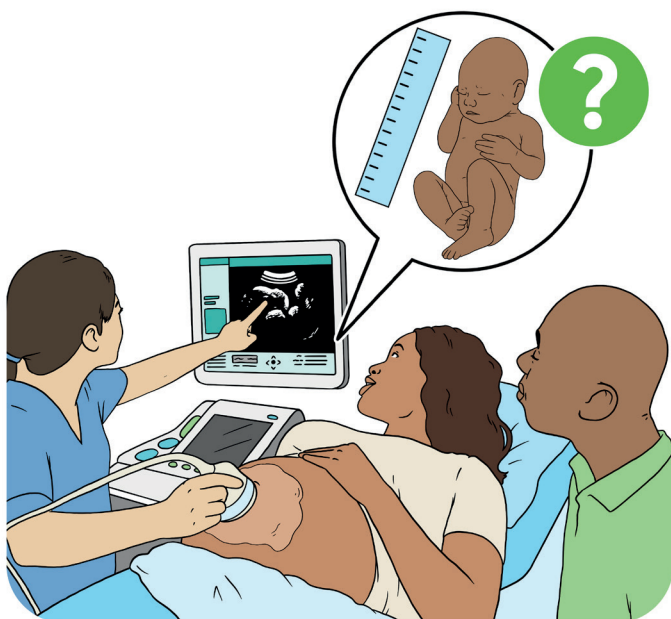
If you have gestational diabetes, you will be shown how to check your blood sugar levels. You will need to do this 6 times a day.



If your blood sugar levels are very high, or if a scan shows that your baby is larger than they should be, you may need to take medicine or give yourself insulin injections.



If you do need to give yourself insulin injections, your healthcare team will teach you what to do and when you should do it.



Checking your baby as they grow

To help check on your baby, you should be given extra scans to see how your baby is growing.

Advice and Information

During your pregnancy your healthcare team will give you advice and information about:

- planning how the birth will happen

This can be things like talking about the ways you can give birth and what medicine for pain that you can have.

- looking after your baby after they are born



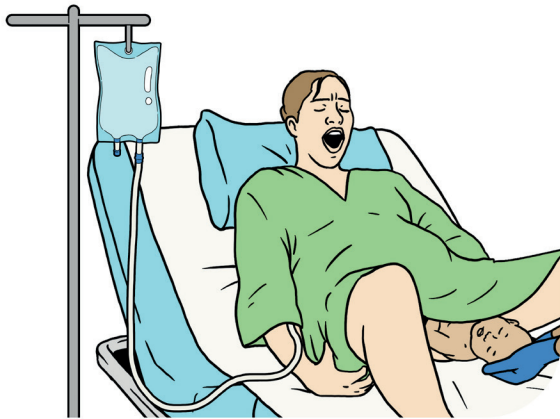


- looking after you after you have given birth.

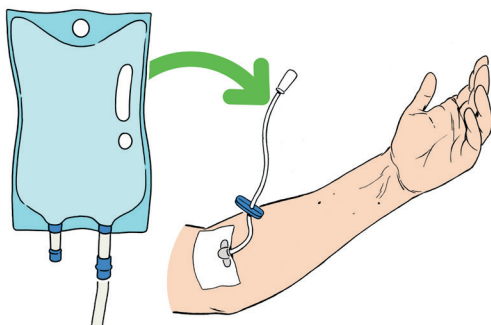
What happens when I am giving birth?



When you are giving birth, it is important that your blood sugars are checked and controlled. Please bring your testing kit with you to hospital.



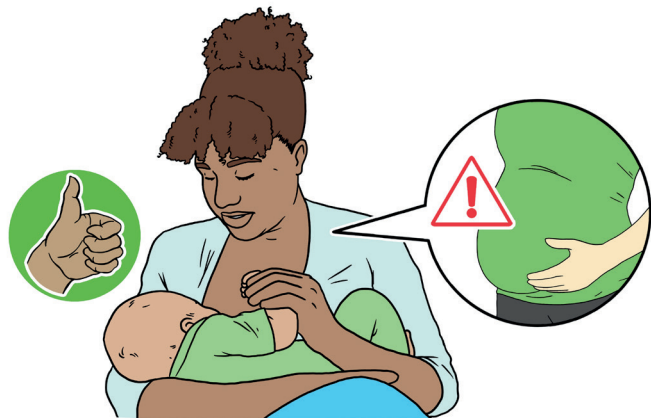
Your health care team may recommend you have an insulin **drip** to help control your blood sugar levels.



A **drip** is when medicine is slowly given to you directly into your **veins**. **Veins** are what carry your blood around your body.

A drip can also be called an **IV**.

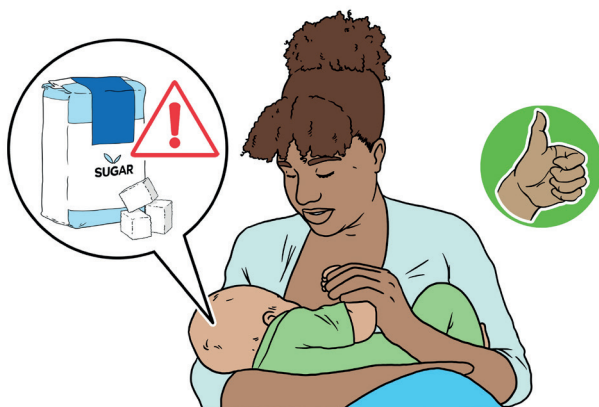
How can I feed my baby?



It is safe to breastfeed your baby if you have had gestational diabetes.



It does not matter if you are breastfeeding or bottle feeding your baby, but you should make sure to feed your baby as soon as you can after birth.



Your baby may have low blood sugar levels after being born, to help with this you may be asked to give them your early breast milk called **colostrum**.



Your healthcare team can teach you how to safely collect and store your breast milk.



If you have any worries about your baby and their health, you should talk to your healthcare team, or you can call 111 or 999.

What will I need to know if I am pregnant again



Having a healthy weight, diet and regular exercise before getting pregnant can help lower the risk of you getting gestational diabetes again.



When you find out you are pregnant, you should contact your doctor and tell them that you have had diabetes before.

Emotional Support



Having tests or treatment can be stressful. If you are feeling worried, you should talk to your healthcare team they can help you with this.

Making a choice

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want to ask and bring it to your appointment.

If you are asked to make a choice about your healthcare, these are 3 questions you should ask:

1. What are my other choices?
2. What is good about the options, and are there any risks?
3. What support can I get to help me make this choice?

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee in collaboration with Diabetes UK. It is based on the NICE clinical guideline Diabetes in Pregnancy: management from preconception to the postnatal period (December 2020), which you can find online at: <https://www.nice.org.uk/guidance/ng3>. The guideline contains a full list of the sources of evidence used.

Before publication this information was reviewed by the public and by representatives from the RCOG Women's Network and the RCOG Women's Voices Involvement Panel.

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