

Gestational Diabetes

If you are one of the four to eight percent of women with gestational diabetes, it may be comforting to know that the condition can be managed.

Gestational diabetes is a form of diabetes that occurs only during pregnancy. It strikes between the 24th and 28th week of pregnancy, affecting a total of four percent of all pregnancies.

Factors that increase a woman's risk of developing gestational diabetes:

- Obesity
- Previous history of gestational diabetes
- Sugar in the urine
- A parent or sibling with diabetes
- Polycystic ovary syndrome or other glucose metabolism problem
- Previous pregnancy in which the baby weighed more than nine pounds at birth

If you fall into any of these categories, you should be screened early, within the first trimester, for gestational diabetes.

Determination of gestational diabetes is made by a laboratory blood test. The diagnosis often comes as a complete surprise as most women have no symptoms. It's not unusual for women to feel scared, angry or guilty about their diagnosis.

Women who find out that they have gestational diabetes should see a nutritionist and diabetes nurse educator, as diet is the first line of therapy.

Managing gestational diabetes

Once you are diagnosed, it is important to take action quickly. Your obstetrician will refer you for education and often your initial appointments will be with a nurse and a dietitian. You also may be referred to meet with an endocrinologist—a physician who specialises in diabetes and other hormone disorders. Women with gestational diabetes can expect to be seen by a member of the diabetes team every other week.

You will be asked to make some lifestyle changes in order to manage this condition successfully. This may seem difficult, but you will have a team of healthcare professionals to help you.

The immediate treatment for gestational diabetes is a meal plan for diabetes tailored for pregnancy, which will provide adequate nutrition for your baby and control your blood glucose levels. The meal plan will modify carbohydrate ingestion with special attention to portion sizes and the spacing of meals and snacks.

You also will be asked to check your blood glucose levels four times each day: before breakfast and one hour after the start of each meal. This will involve a finger stick, which produces a drop of blood that is tested using a blood glucose meter. You will be taught how to do this and how to monitor urine for ketones, a substance your body produces when it does not have access to enough insulin.

Additionally, a low-intensity physical activity, such as walking, will be encouraged if possible to help lower your blood glucose levels and to avoid excessive weight gain.

Increased risk for type 2

After you have delivered your baby, it is important to be vigilant about eating right and staying active—that's because women who have had gestational diabetes have a 50% risk of developing type 2 diabetes in 7 to 10 years after the birth of the child. Unlike gestational diabetes, once type 2 has been diagnosed, it does not go away.

After delivery, women who have had gestational diabetes and are overweight should aim to lose 7% of their pre-pregnancy weight, which will reduce their risk of getting type 2 diabetes by 60%.

Adapted from an article by Joslin Diabetes Centre.