

Gestational Diabetes

Patient Handout

Pregnancy is a time where there is a great deal of hormonal activity. These changes can interfere with the normal action of insulin, and result in diabetes developing during pregnancy. This is called Gestational Diabetes Mellitus (GDM) and is commonly diagnosed in the second or third trimester, affecting 10-20% of women during pregnancy.

Women who develop GDM are unable to make or release enough effective insulin to keep the blood glucose (sugar) level normal.

Am I at risk of developing GDM?

You could be at risk if you reply 'yes' to one or more of the points below:

- I have a parent, brother or sister with type 2 diabetes
- I am over 30 years old
- I am overweight
- I have had gestational diabetes before, or I have given birth to at least one baby weighing more than 4.5kg
- I have Aboriginal, Maori, Asian, Torres Strait or Pacific Islander background
- I have been told that I have insulin resistance or pre-diabetes

What are the symptoms?

It is possible to have GDM with no obvious symptoms – or for symptoms to be mistaken for normal changes during pregnancy. **A blood test is the only way to confirm whether or not someone has developed GDM.** An oral glucose tolerance test (OGTT) is generally performed in the 24th-28th week of pregnancy.

If you are diagnosed with Gestational Diabetes our Educators are able to advise you about appropriate management.

What can you do?

Although there is no evidence that GDM can be prevented, making healthy lifestyle choices during your pregnancy can only be beneficial.

Eating a healthy, balanced diet is especially important during pregnancy.

- Eat a healthy and nutritious diet during pregnancy including foods with appropriate amounts of calcium, iron and folate
- Carbohydrates should be eaten at each meal. Try to choose carbohydrates with a low Glycaemic Index (GI). For more information see www.glycemicindex.com
- Increase fibre by eating plenty of fruits, vegetables, wholegrain breads, cereals, pasta, nuts and legumes
- Choose low fat options, particularly those low in saturated and trans-saturated fat
- Ensure you are consuming enough fluid everyday – 2 litres of water per day is recommended
- Eat three meals per day with 1-2 snacks between meals as required.

Physical Activity

It can be difficult to make time for some physical activity every day when you are juggling work and family commitments, but the health benefits are worth the extra effort.

- Aim for 30 to 40 minutes of moderate intensity physical activity every day. Moderate intensity is when you can comfortably talk or sing along to music.
- Regular exercise like walking, swimming or bike riding helps to keep fit, and is beneficial in helping reduce insulin resistance.

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- Women who are most physically active have the lowest prevalence of gestational diabetes.
- Aim to maintain your weight within your healthy weight range.
- Always check with your doctor before starting or continuing physical activity.

If any of the above information applies to you, or you have been diagnosed with Gestational Diabetes, our Diabetes Educators can assist you once you have booked your obstetrics admission at the San.

Contact us

You can contact Diabetes Education on 02 9480 9434 or diabetes.educator@sah.org.au.

