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GESTATIONAL DIABETES GUIDE





Dear mother-to-be,

Congratulations on your pregnancy! The following pages are intended to help you cope with this new diagnosis of "gestational diabetes" in this already eventful Time in your life.

Gestational diabetes is a blood sugar metabolic disorder that develops only in pregnancy.

You have been diagnosed with this condition following a glucose tolerance test. In the vast majority of cases, the change that occurs can be well managed by changing your diet and taking sufficient exercise (where possible). Patients require insulin to support treatment only in exceptional cases. Should this be the case, your treating diabetes team will be on hand to help you with support and advice at any time.

Best regards,
Your MED TRUST team

International Guidelines for Gestational Diabetes Mellitus

The **American Diabetes Association (ADA)** in its more recent position statement suggests that all pregnant women should be screened for GDM between the 24th and 28th week of gestation, unless they are of low risk status.

- Two approaches are suggested for screening for GDM (at 24-28 weeks). In the two-step approach, women are initially screened by measuring plasma glucose 1 hour after a 50g glucose load; women with glucose concentration ≥130 or ≥140 mg/dl undergo an 100g OGTT on a separate day.
- In the one-step approach, the 100g OGTT is performed directly without any initial screening.

In both occasions, the diagnosis of GDM is established by the Carpenter and Coustan criteria.

The **World Health Organization (WHO)** recommends using the 75g two-hour OGTT and the diagnostic thresholds of 126 mg/dl for fasting and and 140 mg/dl 2-hour glucose concentrations, respectively.

Finally, according to the 2009 **International Diabetes Federation (IDF)** recommendations, women who are at high risk (history of previous GDM) should undergo an OGTT as soon as possible. For all other women the OGTT should be performed between the 26th and 28th week of gestation. In both cases, a one-stage procedure with the 75g OGTT is preferred.

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What a diagnosis of gestational pregnancy means for you and your child

As raised blood sugar levels do not generally cause symptoms in the mother, there is significant danger that the condition will not be taken seriously and will not be treated as systematically as it needs to be.

This can lead to problems during pregnancy and complications at birth affecting both the mother and the child.

Direct consequences for the mother:
Urinary tract infections are more common in gestational diabetes.

The risks of premature birth (prior to Week 37) and of pregnancy-induced high blood pressure, which may result in pre-eclampsia, increase.

Consequences for your child:
Your abnormally high blood sugar levels are also always passed on to your child via the placenta.

This overfeeding may result in both above-average weight gain and breathing difficulties, in addition to low blood sugar levels after birth.

However, these potential risks for you and your child can be minimised by early diagnosis and systematic treatment of gestational diabetes.

The treatment options available

The treatment goal in all cases is to maintain blood sugar levels within the individually agreed treatment range. This primarily involves advising you on an appropriate diet. Sufficient and regular exercise is also required. When you attend your first consultation in the doctors office, you will learn about blood glucose self-monitoring, which will enable you to track the success of your efforts to maintain your blood glucose levels within a certain range.

Blood glucose self-monitoring:

Your doctor will give you a blood glucose meter for you to monitor your blood glucose at home. How often you will need to monitor your blood glucose will be agreed with you individually.

You will also need ensure that you:

- wash your hands before taking a reading
- change the lancet regularly after each measurement
- prick the side of the fingertip
- accurately record the readings

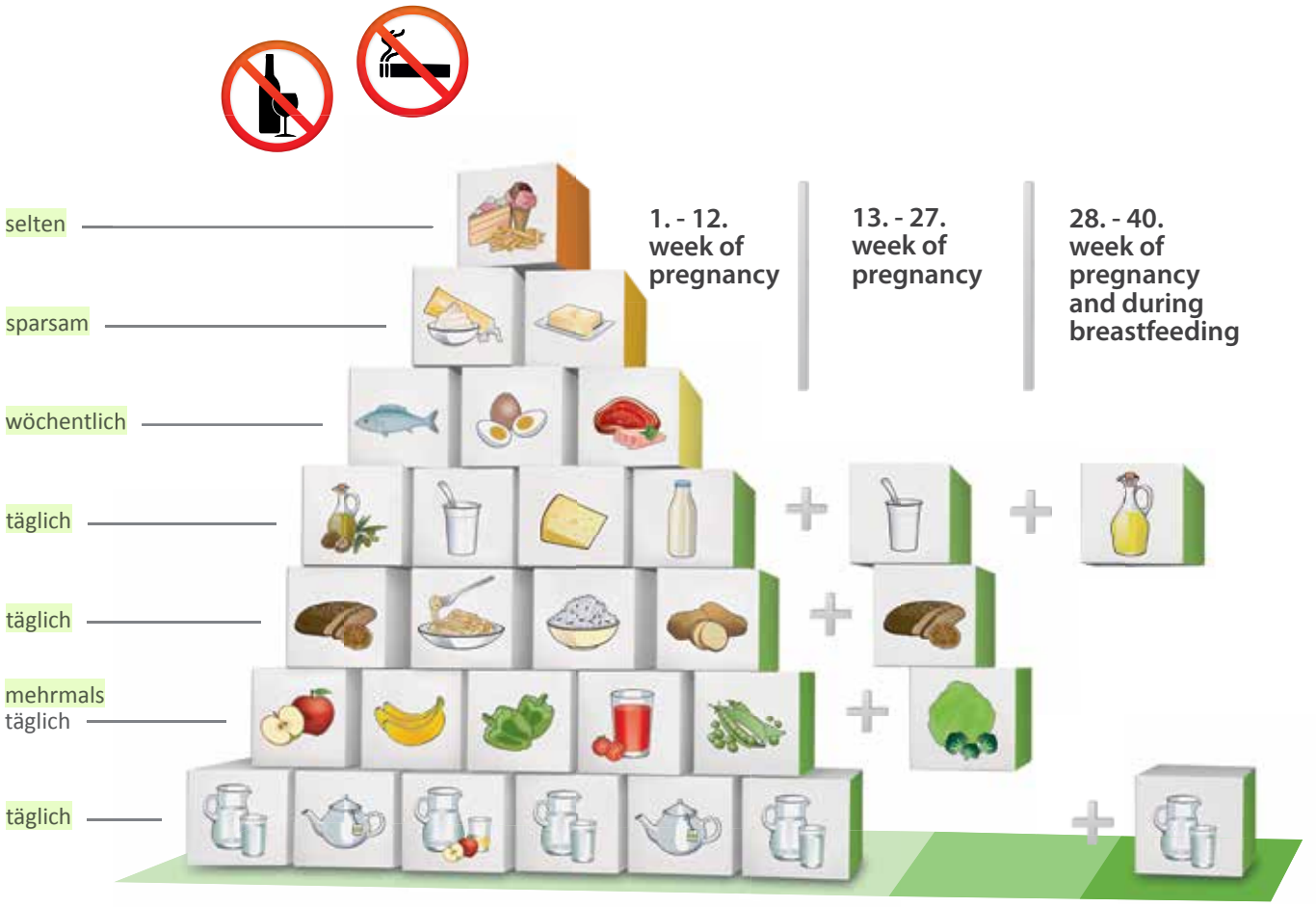


Time of measurement	Blood sugar target range	
fasting	3,6-5,3 mmol/l	65-95 mg/dl
Before meals	3,6-5,3 mmol/l	65-95 mg/dl
1 hour after a meal	< 7,8 mmol/l	<140 mg/dl
2 hours after a meal	<6,7 mmol/l	<120 mg/dl

Diet information:
As mentioned at the start, your diet will help you achieve blood sugar levels within a normal range. It will also help you to keep to the recommended weight gain during pregnancy.

Whereas in the first half of your pregnancy your energy needs are still no higher than before you became pregnant, in the second half you should
consume approx. 100–300 kcal extra each day, but without "eating for two".

Keeping a diary of your food consumption can greatly assist those advising you. At all events, avoid going on a slimming diet or fasting.



Quelle: Österreichisches Bundesministerium für Gesundheit

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Weight before pregnancy	Normal weight gain
Low weight	12,5-18 kg
Normal weight	11,5-16 kg
Overweight	7-11,5 kg
Obesity	5-9 kg

The following notes may help you in planning your meals:

- Plenty of vegetables and raw vegetable salads
- Eat wholemeal rather than other types of bread and rolls
- Do not stop eating carbohydrates but spread them over the course of the day
- Avoid eating too much carbohydrate
- Eat fruit but in moderation (two portions a day)
- Drink plenty of sugar-free drinks (no fruit juices, coca cola or lemonade)
- Avoid sweets and puddings

A healthy, balanced diet during pregnancy is no different from the recommendations for a general healthy diet. Further information can be found in our dietary brochure.

What else you can do:
Physical capacity decreases during pregnancy. You should, however, continue to have as much regular exercise as your pregnancy allows. This will improve your blood sugar levels, help maintain the recommended weight gain and at the same time increase your general well-being.

Delivery and what happens afterwards?
Patients with gestational diabetes, in particular those under insulin therapy, are advised to choose a hospital that has a neonatology or perinatal centre attached. When you are under insulin therapy, your child will require specialised care after delivery which can only be provided in such centres. A few days after delivery, you should monitor your blood sugar using a daily profile (fasting as well before and two hours after main meals). Even if your blood sugar levels are normal, you are at higher risk of developing diabetes later. To ensure its early detection, it is recommended you have a further glucose tolerance test in the doctor's office after 10–12 weeks. We recommend you also have regular screening tests later (check-ups from the age of 35) to monitor your blood sugar levels. Maintain your long-term health with a healthy diet and sufficient exercise.

We wish you and your child all the very best. Your diabetes team is always on hand to answer any question you may have.

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