Healthy mum, healthy bub: gestational diabetes
Please be advised that this resource may contain images of Aboriginal or Torres Strait Islander people who are now deceased.

Acknowledgements

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Diabetes WA would like to thank the Aboriginal women and their families, and the Aboriginal Health Practitioners/Workers who kindly donated their time to be photographed for this booklet.

This booklet will help you understand gestational diabetes. The information in this booklet should not take the place of advice you will receive from your doctor and diabetes specialists. It aims to help you to learn as much as you can about gestational diabetes so that you can have a healthy pregnancy and a healthy baby.
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What is gestational diabetes?

→ Gestational diabetes is a type of diabetes that you can get when you are pregnant.

→ Gestational diabetes is sometimes called GDM by health workers.

→ Gestational diabetes is when you have high blood glucose (sugar) levels during pregnancy.
What causes gestational diabetes?

When you eat or drink, your body breaks down carbohydrate foods into glucose, which then goes into your blood.

Your muscle cells need glucose to give your body energy to work, like how a car needs petrol to run.
What causes gestational diabetes?

Your pancreas makes insulin, which also goes into your blood. You need insulin to help the glucose move from your blood and into your muscles and cells.

Insulin acts like a key to unlock your muscles and cells and let the glucose in to be used for energy.

Your body knows when you have eaten and have glucose in your blood and it uses insulin to keep your blood glucose level balanced.
What causes gestational diabetes?

When you are pregnant your body makes hormones that help your baby grow. These normal pregnancy hormones block insulin from working properly, so your insulin keys can’t open as many doors.

This means you need to make more insulin when you are pregnant.
What causes gestational diabetes?

Some women can’t make enough insulin. If you can’t make enough insulin the glucose builds up in your blood and you have gestational diabetes.
Who gets gestational diabetes?

All pregnant women can get gestational diabetes.

Women may be at greater risk of getting gestational diabetes if they:

- had gestational diabetes in a past pregnancy
- are over 30 years old
- have a family history of diabetes
- are an Aboriginal or Torres Strait Islander woman
- are an Asian woman or woman from other ethnic backgrounds
- are overweight.
All pregnant women should have an Oral Glucose Tolerance Test to find out how their body responds to glucose.

The Oral Glucose Tolerance Test normally happens when you are 24–28 weeks pregnant, but your health worker might decide to do it sooner.

When you have the Oral Glucose Tolerance Test:

- You will be asked to not eat for eight hours before the test. This is called fasting.
- You will be asked to drink a very sweet drink and your blood will be tested several times.
- The test takes 2 hours, so take something to read while you are waiting.
- If your blood glucose is too high after the 2 hours, then you have gestational diabetes.
What can I do if I have gestational diabetes?

The best place to start is by visiting your health worker or clinic to get a health plan to help you look after yourself and your baby.

It is a good idea to take your partner, a family member or a friend with you to all your pregnancy appointments.

If you have gestational diabetes and do not follow the health plan from your health worker, you or your baby may become sick.
What if I feel stressed?

- You may find managing your gestational diabetes hard. Many people feel stressed during this time.
- Make sure you have lots of support from family and friends and talk to your health worker about how you feel.
What are the risks for baby?

It is important to manage your diabetes. If your blood glucose levels are too high during pregnancy then it may affect your baby’s health. It may lead to:

• baby growing bigger than he/she should. A large baby can make labour long and giving birth harder
• birth of your baby by caesarean
• baby being born too early

After the birth baby may have:

• trouble breathing and feeding
• low blood glucose levels
• jaundice (yellow skin and eyes)
• a higher risk of developing type 2 diabetes when they grow up

Baby will not be born with diabetes.
What are the risks for me?

If you have gestational diabetes:

→ You are more at risk of high blood pressure during pregnancy.

→ You are at greater risk of developing type 2 diabetes in the future.

Type 2 diabetes is very serious and can cause other long-term health problems.
How do I keep healthy during my pregnancy?

It is important to look after yourself.

Make sure you keep all your appointments. Take your partner, a family member or a friend to all your appointments.

Controlling your blood glucose levels during pregnancy will help keep you and baby healthy.

Choosing healthy foods, doing exercise, taking medication and insulin and remembering to do your home blood glucose testing are all important.
How do I keep healthy during my pregnancy?

Enjoy foods from each of the five food groups every day.

Have a yarn with your health worker about a healthy eating plan.
How do I keep healthy during my pregnancy?

- Drink lots of water
- Limit sugary drinks
- Don’t drink alcohol
- Don’t smoke

Alcohol and smoking can harm you and your baby. Talk to your health worker to get help to stop or reduce drinking and smoking.
How do I keep healthy during my pregnancy?

Keep active

- Exercise gently for at least 30 minutes every day.
- Try walking, swimming, housework or gardening.
- Check with your health worker before starting any energetic exercise.
How do I keep healthy during my pregnancy?

Test your blood glucose levels regularly

- Follow your health worker’s instructions on how often to test your blood glucose levels. Your doctor or diabetes educator will advise you on what blood glucose levels you should be aiming for.
- Talk to your health worker if you are worried about your blood glucose levels.
- If you feel unwell, talk to your health worker immediately as this can affect your blood glucose levels.
I need to take insulin, what does this mean?

Your doctor may recommend tablets or insulin injections to help you manage your gestational diabetes.

If you are taking insulin to manage your blood glucose levels, you could have hypoglycaemia (hypos). This is when your blood glucose level is low.

If you are taking insulin it is even more important to test your blood glucose levels carefully.

If you are taking insulin to avoid hypoglycaemia (hypo):

- Never skip scheduled meals or snacks.
- Make sure you have hypo foods or treatments on you at all times, such as jelly beans.
- Test your blood glucose levels and check your insulin needs carefully.
- Keep your appointments and tell your health worker if you have a hypo.
- Tell people close to you the signs of a hypo and how to treat it.
Hypoglycaemia (hypo) is when your blood glucose level drops below 4.0 mmol/L or when you begin to feel:

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<th>weak or tired</th>
<th>confused</th>
<th>headache</th>
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<tbody>
<tr>
<td>sweaty</td>
<td>shaky or dizzy</td>
<td>angry or moody</td>
</tr>
<tr>
<td>hungry</td>
<td>blurry vision</td>
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**Hypo treatment**

→ Have:

- 5–7 jellybeans
- 1 glass of soft drink (not diet or sugar free)
- 3 teaspoons of sugar dissolved in water

→ Wait 10 minutes. If you are not feeling better, repeat the treatment. If you are feeling better have:

- a sandwich
- a glass of milk
- a piece of fruit
What can I do to stay healthy after my baby is born?

Most of the time your blood glucose levels will go back to normal and your gestational diabetes will go away when the baby is born.

→ You need to be tested six weeks after the baby is born to make sure you don’t still have diabetes.

→ You will need to see your clinic every one to two years to check if you have developed type 2 diabetes.

• Breastfeeding will help give your baby the best start. It can help stop baby becoming overweight and getting type 2 diabetes when they grow up. Breastfeeding can also help you to lose weight gained in pregnancy and may prevent you from getting type 2 diabetes later.

• Choose healthy foods, do regular exercise and maintain a healthy weight.

• If you are planning to become pregnant again make sure you talk to your health worker.
Helpful contacts

**Diabetes WA Information and Advice Line (DIAL)**

Our friendly diabetes educators are here to talk to you about diabetes and answer any questions you may have.

**DIAL** is open 8.30am to 4.30pm weekdays and is a call-back service. Leave a short message and a diabetes educator will call you back.

**Diabetes Telehealth for Country WA**

Diabetes Telehealth provides diabetes education via videoconferencing technology to people in regional and rural WA.

Appointments are free and it is like having a face-to-face education session with a diabetes educator.

For more information or to book an appointment call 1300 136 588 or email telehealth@diabeteswa.com.au
Helpful contacts

National Gestational Diabetes Register

Registration with the National Gestational Diabetes register is free. It can help women who have had gestational diabetes manage their health into the future.

For questions or to register please phone the NDSS on 1300 136 588 or visit www.ndss.com.au/GD
My local clinic details:

Diabetes WA
Aboriginal Health Team
Level 3, 322 Hay Street, Subiaco WA 6008
Open: 8.30am – 4.30pm weekdays
E: aboriginalhealth@diabeteswa.com.au
P: 1300 136 588 (cost of a local call)