

Diabetes in pregnancy – gestational diabetes

What is it?

Gestational diabetes is a particular type of diabetes which some women develop during pregnancy. It usually disappears after the birth, and does not mean that the baby will be born with diabetes.

Who is affected?

Although it happens to women from all communities, it is especially common among women of Asian, Middle Eastern, Filipino or Pacific Island origin, and is increasing.

What causes gestational diabetes?

Gestational diabetes is caused by hormonal changes in pregnancy which can change the body's ability to use a substance called insulin. Insulin is important because it helps keep blood sugar at a healthy level. Whilst all women undergo hormonal changes, only some women develop gestational diabetes.

Why is it a problem if a woman develops gestational diabetes?

Although gestational diabetes usually goes away after the birth (when hormone levels return to normal), it still needs to be taken seriously.

- The main concern is that it can increase the baby's weight, and have other health effects on the unborn baby.
- If the baby becomes very large (four kilos or more) it may be necessary for the woman to have a Caesarian delivery, or for the doctor to induce the birth a little earlier, before the baby grows too big. But this can usually be avoided.
- Women who develop gestational diabetes have a greater risk of developing Type II diabetes later on.
- Type II Diabetes, which is increasingly common in people over the age of 40, is a chronic disease which has to be carefully managed with healthy eating and regular physical activity. Sometimes long term medication is also needed. If Type II diabetes isn't controlled it can cause serious health problems including heart and kidney disease, and eye problems.

What do pregnant women need to do?

During pregnancy women need a number of health checks, including a blood test to check blood sugar levels at around 28 weeks of pregnancy.

If you're not sure if you have had this test or not, ask your doctor or midwife.

Tell your doctor:

- if you have had gestational diabetes in a previous pregnancy
- if you have a family history of gestational diabetes or diabetes
- if you have given birth to a baby weighing four kilos or over.

What if a pregnant woman is found to have gestational diabetes?

It can be managed by

- changes to the diet
- eating regular meals. Hospital dietitians can advise on which foods to eat and which foods to avoid, and how often to eat. (Interpreters can be arranged, if necessary.)
- regular blood sugar checks – it's important for a woman to regularly check her blood sugar herself at home, to make sure it stays at a normal level. The hospital will usually lend her a special blood sugar monitor to use during her pregnancy
- ongoing regular checking of blood sugar level - although the problem disappears after birth, women who have had gestational diabetes need to have their blood sugar levels checked six to eight weeks after delivery, and then at regular intervals every two years
- in some cases, medication may be needed.

It's very easy for mothers to become so busy with looking after their new babies and the rest of the family, that they overlook their own health needs – but these tests are very important for a woman's future health.

Can you reduce the risk of developing gestational diabetes?

People who stay at a healthy weight and are physically active are less likely to develop both gestational diabetes and Type II diabetes

Where to get more information about gestational diabetes.

Talk to a doctor or contact Diabetes Australia on 1300 136 588.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

You can find more health information in your language on the Multicultural Communication website at <http://www.mhcs.health.nsw.gov.au>

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.