

Gestational Diabetes

Finding out that you have gestational diabetes can be a worrying time for any parent but there is information, help and support for you and your baby.

What is gestational diabetes?

Gestational diabetes is a condition that can develop at any stage in your pregnancy but usually the 2nd and 3rd trimester, when some of the pregnancy hormones affect the way that insulin works in your body. Insulin is the hormone which helps control your blood glucose. Gestational diabetes causes glucose (blood sugars) to increase in your blood but this usually returns to normal after you give birth.

The main thing is that gestational diabetes can be managed very well with diet and sometimes medication such as tablets or taking insulin. You will be supported by your midwife and receive more specialist advice from the diabetes team. They can offer advice around food choices to manage your blood glucose in a way that fits best for you.

What is a Glucose Tolerance Test (GTT)?

A GTT involves fasting overnight which means not eating or drinking anything except water. In the morning you will have a blood test to check your blood sugar. You are then given a glucose drink and your bloods taken 2 hours later to assess how your body has reacted.

Positive Glucose Tolerance Test

If you have had a positive confirmation of gestational diabetes, your midwife will refer you to the diabetes team. If you have any urgent queries you can call to speak to one of them on 01463 255 950.

We want to make it as easy as possible for you to stay in touch with the diabetes team throughout your pregnancy and we would like to offer a remote system to help you manage your diabetes.

It would be helpful if you were able to:

1. use a smartphone or tablet
2. download the mySugr (Accu-chek) diabetes app
3. try and download the app before attending session at the Diabetes Centre (usually a Tuesday afternoon)
4. your midwife will advise on which session to attend depending when you are diagnosed.

Owning a smartphone is not essential but you will need access to an email address to communicate with the diabetes team.



What do I do next?

You can develop gestational diabetes for different reasons. Some people have risk factors before they were pregnant, which means that they were always more at risk than other people at developing gestational diabetes.

For some, it can feel like it has come out of the blue. Be kind to yourself like you would be to a friend if they received the same diagnosis. What might you say or do? How might you be with them? We are all worthy of the same care and compassion.

Why do I have gestational diabetes?

Gestational diabetes can happen to anyone but some factors can put you at a higher risk than others:

- A history of Polycystic Ovarian Syndrome.
- Previous baby weighing over 4.5kg.
- Body Mass Index (BMI) of 30 or more.
- Family with South Asian, Black Caribbean or Middle Eastern origins.
- Previous history of gestational diabetes.
- A first degree relative (parent, sibling) with diabetes.

Is my baby at risk?

Now that we know you have gestational diabetes, you will get more support through pregnancy. You will continue to see your community midwife for all your routine appointments. If your blood sugars are controlled well, your midwife will measure the growth of your baby as normal at routine appointments. If you require medication to control your blood sugars, you will be invited to the diabetic clinic and offered growth scans by the ultrasound department.

Here you will see a consultant and specialist nurse, who are part of the diabetes team. These appointments are important. They will be able to monitor you and your baby closely and answer any questions you may have relating to gestational diabetes.

It is important to contact a midwife or the maternity unit if you are worried about yourself or your baby at any time during your pregnancy. Let them know that you have gestational diabetes.

What about food and eating in pregnancy?

Dieting is not recommended in pregnancy. A healthy balanced diet is important but nourishment for self-care is about more than just what we eat. Most people know what foods are needed to stay physically healthy, however *what you eat* and *when you eat* can also make a big difference to how you feel.

Improving your diet may help you to cope, by:

- improving your mood
- keeping your blood glucose levels stable
- giving you energy
- thinking more clearly.

Think about the changes that you can make, and sustain, and notice how it makes you feel. Some of the options might be:

- **Improving what you eat:**

- Plenty of fruit and vegetables.
- Including oily fish, nuts and seeds.
- Trying more fibre foods – wholemeal bread, oats, peas, beans and lentils, high fibre breakfast cereals.

- **Improving how you eat:**

- Eating when you're physically hungry.
- Stopping when you're full.
- Recognising when you're eating because of how you feel.
- Having options to improve how you feel emotionally.
- Having regular meals throughout the day will help manage blood glucose levels, energy and mood.

- **Doing regular physical activity:**

- Becoming more active can seem a daunting task if you've not enjoyed it in the past. Taking small steps to find enjoyable ways of moving, stretching and relaxing your body will help build a sense of vitality. Too often the missing ingredient in active living is fun! What activity do you feel better in yourself for doing? Do you want time alone or as part of a group? What makes activity fun for you? Look for something that will work for you.

- **Other things:**

- Larger people are often stereotyped as not bothering about their health and given other negative characteristics. Everybody deserves respect, whatever their size, shape, fitness level, health status, eating patterns, etc. Learning to look after yourself and protect yourself against these stereotypes may be difficult, but is important.

Let's look at this in a bit more detail...

If you need to start medication to manage your blood glucose, you will be invited to a special diabetic clinic. A variety of nutritional food is essential for you and your growing baby. Eating this way will also benefit your mood and give you more energy.



You should continue to take vitamin D 10mg supplement that is for everyone when they are pregnant. In Scotland, you can receive free Healthy Start vitamins from your midwife. These vitamins have vitamin D, vitamin C and folic acid.

Please ask your midwife for these vitamins if you have not already received them. It is important to remember, that only pregnancy vitamins are taken when you are expecting a baby. Other multi-vitamins may have too much vitamin A, which can be harmful to your baby.



Potatoes & cereals (starchy foods)

A large section of the main plate is made of potatoes, bread, rice, pasta and other cereals or grain based foods. These are all high in starchy carbohydrates. They give us energy. Some types also give us fibre.

Vegetables & Salad

Vegetables and salad give us fibre, water and lots of vitamins and minerals. This is also a large part of the plate because we need plenty of these foods to stay healthy.

Protein

Only a small amount of our plate needs to have high protein foods, e.g. beans, nuts, cheese, fish and meat. This is shown as the smallest group. Protein is needed for growth, repair and many other functions of the body. When pregnant you should avoid raw or uncooked meats, liver/liver products, pate and game meat.

Fruit & Nuts

Fruit and nuts are shown together as common snack foods. Fruit gives us fibre, water and lots of vitamins and minerals. Nuts are a good snack as they are high in fibre and minerals. They are also high in protein and can be used instead of meat, fish or pulses, but in Scotland they are more likely to be eaten as a snack. Spread any intake of fruit throughout the day. This could be along with meals.

Milk & Yogurt

Milk and yogurt are high in calcium. This is important for healthy bones. They are also high in protein although be aware low fat yoghurt can be very high in sugar

People who cannot tolerate, or choose not to eat dairy foods, can select a milk substitute with added calcium. Cheese is also high in calcium and protein but we've shown it on the main plate as an alternative to meat, fish, beans and pulses. While pregnant try and avoid soft cheeses as there is a chance that unpasteurised or soft ripened dairy products may contain listeria bacteria.

Oils & fats

We've not shown oils or fats on our plate as we tend not to eat them separately. Many people like butter or spread on their bread, dressing on their salad, stir fried vegetables, or oil for shallow frying. Use what you like in the amounts that make sense to you. Your plate does not need to look like this every meal. The point is that eating each of these four groups everyday will help us feel good and stay well.

Carbohydrates

When you eat carbohydrates, they release glucose into the blood. Slow release, low glycaemic index (low GI) carbohydrates are absorbed more slowly, so blood glucose levels will rise more slowly, keeping them more stable. They are often higher in fibre which is good for healthy gut bacteria. Some examples of these include:

- multigrain and granary bread
- basmati rice
- sweet potato
- porridge (not instant)
- couscous.

Try and have regular meals spread through the day.

Sugar

Foods which are high in sugar should mainly be avoided as these will raise your glucose levels. A small amount can be eaten occasionally. Instead, try sugar-free squash/drinks. Examples of high sugar foods include:

- chocolate
- ice-creams
- sweets.
- biscuits
- jams
- cakes
- honey

Dairy and alternatives contain carbohydrates and are a good source of calcium and protein. Seek advice from the midwife or diabetes team if using milk to treat indigestion.

What if I want to be more active?

Being active, such as going for a walk, can not only benefit controlling your blood glucose but is also very good for your mental health.



www.thinkhealththinknature.scot/downloadable-activities-2/

It can be difficult to be more active as you go through your pregnancy. It is important to stay active and find an activity that is realistic for you. Some activity is better than no activity.

During this time there can be a lot of added stress. This can have an impact on blood glucose levels. It is important to find ways of reducing stress that feel right for you. We feel better when we do things we enjoy.

How will I birth my baby and will this affect my birth choices?

Everyone is different therefore this question would be best discussed with your midwife or consultant. They know your medical background well. It is important that you continue to share your birth choices with your midwife and the diabetic specialist team. They can advise and support you in your choices.

What happens after I have my baby?

After your baby is born, your blood glucose should return to normal. Midwives will recommend that your baby's blood glucose and body temperature are monitored for a short period of time after birth.



You will be supported in your feeding choice following birth and supported to feed your baby. We know that gestational diabetes increases the risk of requiring formula supplementation for breastfed babies, so please ask your midwife about colostrum harvesting for your baby if you would like to breastfeed. Your midwife will discuss this with you and a colostrum harvesting pack will

be sent to you in the post. You can start collecting colostrum from 36 weeks gestation. Once you have labelled it and frozen it at home, you can take into hospital with you either before birth or after to be stored in a special freezer until you need it.

Your baby will remain with you on the hospital ward for monitoring. Most babies are well but occasionally some babies do require extra help to control blood glucose and may need to go for a short time to the neonatal unit.

What does this mean for me long term?

People who have gestational diabetes are at a higher risk of developing type 2 diabetes. Having gestational diabetes increases your risk of developing it again in future pregnancies. It also increases your risk of developing type 2 diabetes after giving birth.

You will be advised to get your blood glucose checked again approximately 12 weeks following the birth of your baby by your GP.

It is recommended that you have your blood glucose level checked once a year with your GP surgery.

If you have any concerns please discuss with your midwife.

Please see links below for further information about gestational diabetes.

Diabetes UK

[Gestational diabetes page on Diabetes UK website](#)

Diabetes UK – parent with gestational Diabetes

[Roisin's experience with gestational diabetes - video by Diabetes UK](#)

NHS

[Gestational-diabetes page on NHS UK website](#)

Content sources and references

Highland Food Guide (NHS Highland)

BDA Gestational Diabetes

Health Weight in Pregnancy (NHS Highland)

NHS Highland Gestational Diabetes Therapeutic Guidelines



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