WILLOW
COMMUNITY MIDWIVES

Gestational Diabetes

Diabetes is a health problem where there is too much glucose (a type of sugar) in the bloodstream and not enough in the cells of the body. Glucose comes into the body as part of the foods we eat, especially in carbohydrates like bread, fruit, pasta and potatoes. Blood carries glucose around the body to deliver it to cells, which use it as energy.

In a healthy person, insulin helps store glucose in cells until the body needs it for energy. Diabetes happens when there is no insulin being made (type 1 diabetes) or when the insulin that is made doesn't work very well (type 2 diabetes).

In pregnancy, it's normal for the body to become resistant to insulin. This is a healthy change that helps to make sure that the blood going to the baby is full of energy so the baby can grow and develop. Most women's bodies do a good job of balancing blood glucose during pregnancy, but some women's bodies can't make enough insulin to keep the glucose in the blood at a healthy level. If the glucose level in the blood of a pregnant woman is too high, this is called gestational (pregnancy) diabetes (GD).

Why is GD a problem?

If glucose in the mother's blood is too high, the baby will get more glucose than it needs to grow and develop normally. The baby turns the extra sugar into fat. Babies who have extra fat can have a harder time being born if they are too big, and might need special care right after birth because of low blood sugars. These babies are also more likely to be obese or to develop type 2 diabetes later in life. Mothers who have GD during pregnancy are more likely to have pregnancy complications and have a high chance of getting type 2 diabetes later in life.

Some women have a higher chance than others of having GD. To learn more about your own risk, check the box beside the statements that are true for you:

- Δ My mother, father, sister or brother has diabetes, or my mother had gestational diabetes.
- Δ I was overweight before being pregnant.
- Δ I am over 25 years old.
  My heritage is Aboriginal, Asian, African or Hispanic.

If you have had a baby before:

- Δ I had gestational diabetes in another pregnancy.
- Δ I have a history of several miscarriages, a stillborn baby, or a baby with birth defects.
- Δ I have had one or more big babies (9 pounds or more).

If you didn't check any of the boxes, you have a low risk of developing GD. If you checked one or more of the boxes, you may be at increased risk of developing GD. If you checked many of the boxes, you have a high risk of developing GD.

How do I find out if I have GD?

All women in BC between 24-26 weeks of pregnancy are offered a GD test. Your midwife might offer you a GD test earlier, depending on your risk factors. It's up to you to decide whether or not you want to take the test.
There are two screening tests available. One is the 50g/1-hour oral glucose challenge test. If you choose this test you will go to a lab and drink a 50g sweet drink. Your blood will be tested before and one hour after drinking it. There is a false positive rate with this screen. The other is called a 75g/2-hour oral glucose tolerance test (OGTT) and is a more accurate screen. If you decide to take this test, you have to fast for 12 hours. Then you will go to a lab, where your blood will be collected, you will then be given a sweet drink with 75g of glucose in it. After one and two hours, some of your blood will be collected and checked for glucose. If the glucose level in your blood is normal, you don't have GD and you don't need any more tests. If you have high blood glucose, you have gestational diabetes.

My GD screen was negative … now what?

Congratulations, this is great news! Remember that all pregnant women and their babies benefit from healthy eating habits and regular exercise. Keep up the good work, and talk to your midwife if you have questions about staying healthy in pregnancy.

My GD screen was positive … now what?

Most women with GD are able to balance their blood glucose by eating a healthy diet and exercising. If you have GD, you will learn how to check your blood glucose at home and you will have nutrition and exercise counseling from the diabetes clinic at the hospital. It might be hard to make such big changes in your life, but you can do it!

When the baby is born, the GD usually goes away. One of the best things that you can do for yourself and for your baby is to get a good start with breastfeeding and breastfeed for as long as you can – this will help balance your baby's blood sugars and can lower your own chance of getting type 2 diabetes later in life.

For further information:
Perinatal Services of BC
http://www.perinatalservicesbc.ca/List%20of%20Guidelines.htm
Society of Obstetricians and Gynecologists of Canada
www.sogc.org/guidelines/documents/gui239ECPG1002.pdf
Canadian Diabetes Association
http://www.diabetes.ca/for-professionals/resources/2008-cpg/

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