

Gestational diabetes



management

Between 3 – 20% of pregnant women develop GDM, depending on their risk factors.

Risk factors for GDM

Being:

- ◆ 35 years of age or older
- ◆ from a high-risk group (Aboriginal, Hispanic, South Asian, Asian and African)
- ◆ obese (BMI of 30 kg/m² or higher)

Having:

- ◆ GDM in a previous pregnancy
- ◆ given birth to a baby that weighed more than 4 kg (9 lbs)
- ◆ a parent, brother or sister with type 2 diabetes
- ◆ polycystic ovary syndrome (PCOS) or acanthosis nigricans (darkened patches of skin)

All pregnant women should be screened for GDM between 24 and 28 weeks of pregnancy. If you are pregnant, talk to your healthcare provider about being tested for GDM.



What is Gestational Diabetes Mellitus (GDM)?

GDM is a condition that occurs during pregnancy when the body cannot produce enough insulin to handle the effects of a growing baby and changing hormone levels. Insulin helps your body to control the level of glucose (sugar) in your blood. If your body cannot produce enough insulin, your blood glucose levels will rise.

What does GDM mean for me?

A diagnosis of GDM means you will be working closely with your healthcare team to manage your blood glucose levels and keep them in the normal range throughout your pregnancy. After your baby is born, blood glucose levels will usually return to normal and you will no longer have GDM. However, you are at greater risk for GDM in your next pregnancy and for developing type 2 diabetes (a lifelong condition) in the future.

What does GDM mean for my baby?

With good blood glucose control, you can expect to have a healthy baby. However, if left undiagnosed or untreated, GDM can lead to high blood glucose levels, which increases the risk that the baby will grow larger than normal and will be more difficult to deliver. GDM can also increase the risk of your baby becoming an overweight child and developing type 2 diabetes.

The good news is that GDM can be managed and you can expect to have a healthy pregnancy and a happy, healthy baby.

What happens after my pregnancy?

Although your blood glucose will usually return to normal once your baby is born, it is important to remember you are at higher risk for GDM and type 2 diabetes in the future. You can decrease your risk by choosing a healthy lifestyle, which means eating well, achieving a healthy body weight and being physically active. Remember: A healthy lifestyle can benefit your whole family.

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Having GDM puts you at increased risk of developing type 2 diabetes.

It is important to be tested for type 2 diabetes on a regular and timely basis. Early diagnosis and proper management will help you:

- ◆ **Have healthy future pregnancies.** Undiagnosed diabetes in a pregnant woman increases the risk of miscarrying or having a baby born with a malformation.
- ◆ **Stay healthy and avoid diabetes complications** such as heart attack, stroke and damage to your eyes, kidneys and nerves.

Remember: You need to be tested (screened) for type 2 diabetes:

- ◆ within six weeks to six months of giving birth
- ◆ when planning another pregnancy
- ◆ every three years (or more often depending on your risk factors)

*For a healthy tomorrow...
take good care of your GDM today*

How is GDM managed?

Choose a healthy diet:

A healthy diet is good for you and your family now and in the future. Enjoying foods from all four of the food groups and eating at regular times will play an important role in managing blood glucose levels and achieving the best nutrition for you and your growing baby.

Achieve a normal pregnancy weight gain:

The amount of weight you gain will vary depending on your weight before your pregnancy. Weight loss is not recommended. Talk to your healthcare provider about appropriate gestational weight gain.

Be physically active, if possible:

Regular physical activity can help control your blood glucose levels. It can also help you to manage stress and prepare your body for labour, delivery and recovery.

Test your blood glucose:

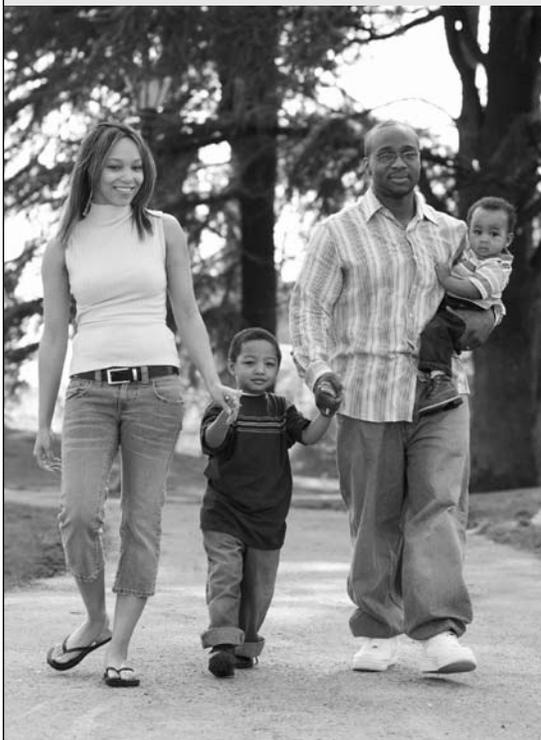
You may be given a blood glucose meter to test your blood at home. Testing your blood glucose will help you and your healthcare team know that your GDM is well controlled.

Take insulin, if needed:

Sometimes healthy eating and physical activity are not enough to manage blood glucose levels and you may need to take insulin. Insulin will help keep your blood glucose normal and will help to keep you and your baby in good health.

Your healthcare team can answer your questions and support you through this important time in your life. Your team may include your doctor, nurse and dietitian, but remember: The most important member of your healthcare team is you!

Today, more than 9 million Canadians live with diabetes or prediabetes. Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters helps us provide education and services to people living with diabetes, advocate for our cause, break ground towards a cure and translate research into practical applications.



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