

Gestational Diabetes

What is Gestational Diabetes (GDM)?

Diabetes is when there is too much sugar (glucose) in the bloodstream. Glucose is an important source of energy and comes from foods such as rice, bread, milk and yoghurt. The pancreas makes insulin, a hormone that helps glucose go from the bloodstream to the body's cells. When pregnant some hormones can make insulin not work as well. So, the pancreas needs to make extra insulin to keep blood sugar levels normal.

If it can't make enough insulin, blood sugar stays high and causes GDM.

Risk factors for GDM

- Previously had GDM
- History of high blood glucose
- Older than 40 years
- Have direct relative with type 2 diabetes
- Have Aboriginal, Torres Strait Islander, Chinese, African, Melanesian, Polynesian, South Asian, Middle Eastern, South East Asian, Hispanic or South American background
- High body mass index
- Polycystic Ovary Syndrome
- Have had a baby weighing more than 4.5kg
- Gained too much weight in first trimester
- Taking steroid or antipsychotic medications

Diagnosis

All pregnant women should be tested for GDM between 24 and 28 weeks. It is diagnosed using an oral glucose tolerance test (OGTT).

OGTT are completed at a pathology lab and look like this:



Fasted blood test



Drink glucose drink



Blood test 1 hr after drink



Blood test 2 hr after drink

If any of the blood tests show blood glucose levels above the normal range you have GDM.

Management

There are many ways to manage GDM during your pregnancy such as:

- Healthy diet
- Physical Activity
- Medication



Why manage

Having GDM can increase **your** risk of:

- Caesarean delivery
- Early delivery
- High blood pressure and pre-eclampsia
- Type 2 diabetes and heart disease in the future

Having GDM can increase **your baby's** risk of:

- Higher birth weight
- Difficulties breathing after delivery
- Low blood glucose after delivery