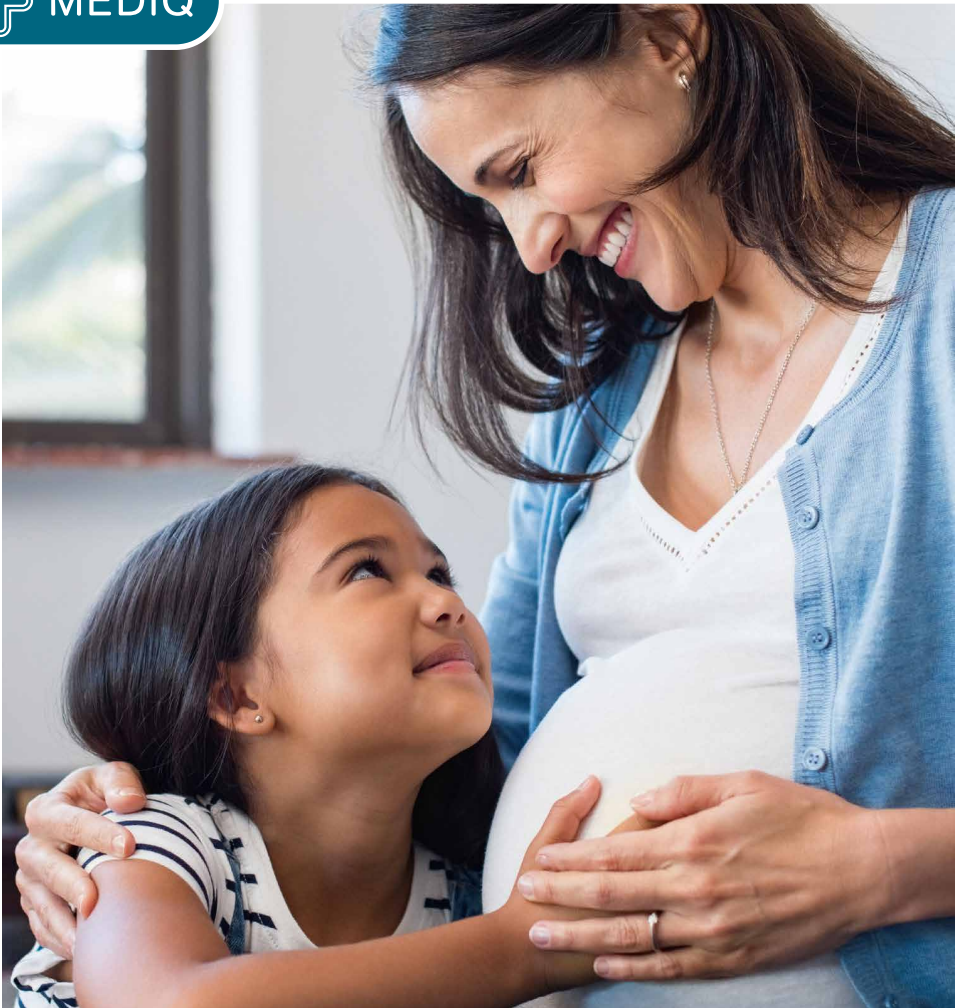


DIABETES

# Gestational diabetes



MEDIQ



## WHAT NOW?

# Gestational diabetes

**You're pregnant and halfway through your pregnancy you're told that you have diabetes. It's a lot to take in. You want to know what exactly gestational diabetes is and whether it's harmful to your baby. Concerns about the further course of your pregnancy also give rise to lots of questions. In this brochure we provide answers to these and other questions about gestational diabetes. On the back of the brochure you will find Karin's story, who had this condition and wants to share her experience with you.**

'Approximately 1 in 20 pregnant women develop gestational diabetes'

Gestational diabetes, or diabetes gravidarum, is a form of diabetes that occurs after the 20th week of pregnancy under the influence of pregnancy hormones. About 1 in 20 pregnant women develop gestational diabetes. Gestational diabetes usually disappears by itself after delivery.

### **Diabetes mellitus**

With diabetes mellitus, the body doesn't produce insulin any longer or has a shortage of properly working insulin. Food and beverages are converted into glucose. Insulin is needed to transport the glucose that is present in the blood to other cells of the body. This is how we get energy to move. A shortage of properly working insulin causes the blood glucose level in the blood to become elevated.

### **How does gestational diabetes develop?**

Gestational diabetes can occur because pregnancy hormones cause decreased sensitivity of insulin. Normally, the body produces extra insulin, but the gestational diabetes disrupts this process.



You are at an increased risk of developing gestational diabetes if:

- You have diabetes in your family
- Your previous children had a high birth weight (more than 4,500 grams)
- You had gestational diabetes during a previous pregnancy
- You've had multiple miscarriages
- You are overweight
- You are of Indian, Moroccan or Turkish heritage
- You had an unexplained stillbirth

## FAQS

# Diagnosis, treatment and after the delivery

'If you have gestational diabetes, you have a greater chance of having a heavy baby and/or the baby having low blood glucose levels after delivery'

**Gestational diabetes can be diagnosed with a blood test called an Oral Glucose Tolerance Test (OGTT). First a blood sample is taken for this test. Then you are given a sweet beverage to drink after which another blood sample is taken. After some time has passed, another blood sample is taken.**

### **How is gestational diabetes treated?**

If possible, gestational diabetes is treated with nutritional advice. It's important to properly distribute the intake of carbohydrates (glucose) throughout the day and to pay attention to the number of calories (energy) in order to prevent gaining extra weight. If the blood glucose levels don't decrease after modifying your eating pattern, you will be referred to the gynaecologist. You will also receive a referral for the internist, diabetes nurse and dietician. Then you will start injecting insulin.

### **Does gestational diabetes have consequences for the baby?**

Your baby does not have an increased chance of congenital defects compared to a baby whose mother does not have gestational diabetes. That's because the important organs are formed during the first few months of pregnancy, and gestational diabetes doesn't start until after the 20th week.

### **Does gestational diabetes have consequences for the delivery?**

If you can continue to be treated for gestational diabetes by your obstetrician, then a home



birth is an option. If you are being treated by a gynaecologist, then you will have to deliver at the hospital. This applies to both spontaneous deliveries as well as induced deliveries. It may be necessary to induce labour around week 38 because the baby will only become heavier thereafter. In some cases, a Caesarean section may be necessary, just as with other pregnant women.

‘It may be necessary to induce labour around week 38’

### **Will I continue to have diabetes if I had gestational diabetes?**

Gestational diabetes typically disappears within 24 hours after childbirth. Thereafter, you can eat normally again and stop injecting insulin. After several weeks, your blood glucose level will be checked again to see if the diabetes is permanent. This is only the case with a small percentage of women. Have your blood glucose levels checked every year or every two years. If you had gestational diabetes, there is a 50% chance that



you could develop type 2 diabetes within 10 years after childbirth.

### **Can gestational diabetes return with a subsequent pregnancy?**

The chance that you develop gestational diabetes again during a subsequent pregnancy is very big. You should see your GP and have your blood glucose levels checked if you are planning another pregnancy.

### **Can I breastfeed?**

Yes, you can breastfeed after having had gestational diabetes. During the period that you breastfeed you need extra calories, just like people without gestational diabetes. Inform yourself beforehand how best to approach breastfeeding. This will increase your chances of success.

### **Are there other aspects I need to pay attention to after the delivery?**

Have your fasting blood glucose levels checked every year or every two years. You have an increased risk of type 2 diabetes because you had gestational diabetes.

Additionally:

- Ensure you eat a healthy diet, according to the food pyramid
- Do 30 additional minutes of exercise five times per week
- Watch your weight
- Don't smoke
- Consume alcohol in moderation

'If you had gestational diabetes, there is a 50% chance that you could develop type 2 diabetes within 10 years after childbirth'

## KARIN'S STORY

# 'I'm happy with the support I'm getting'

**Four and a half years ago, Karin de Boer had her first son Jos. It was a very difficult and long labour. Ultimately, Jos was born with the help of a vacuum pump. He weighed 4,680 grams. Now Karin is pregnant for the second time and she was just diagnosed with gestational diabetes. This is her story.**

'It took a long time before we dared to try for another pregnancy'

Jos was sick immediately after the delivery. He had very low blood glucose levels. He spent a few days in the paediatric ward for observation. I wanted to breastfeed but we didn't start because I thought he'd get better faster with the bottle. He really did a good job of drinking from the bottle. The gynaecologist did mention something about the possibility of gestational diabetes. No tests were done and I never heard anything more about it.

It took a long time before we dared to try for another pregnancy. I was afraid of having another difficult childbirth and a sick child. I'm now seven months pregnant with our second child. I told the obstetrician the story of my delivery. Because Jos had a high birth weight, the obstetrician regularly checked my blood glucose level, which was good. Sometimes it would be too high in the afternoon. I also have check-ups with the gynaecologist, who told me last week that the baby was again growing rather quickly.

The diabetes nurse gave me a blood glucose meter, and now I check my level after each meal. These levels are too high. Although my grandpa



regularly has levels of 10 mmol/l or higher, and no one makes an issue about this.

I've been injecting myself with insulin since last Tuesday. I was very afraid to inject into my stomach, but after having done it once I quickly got used to it. My baby doesn't even react to it anymore. I don't think about it too much.

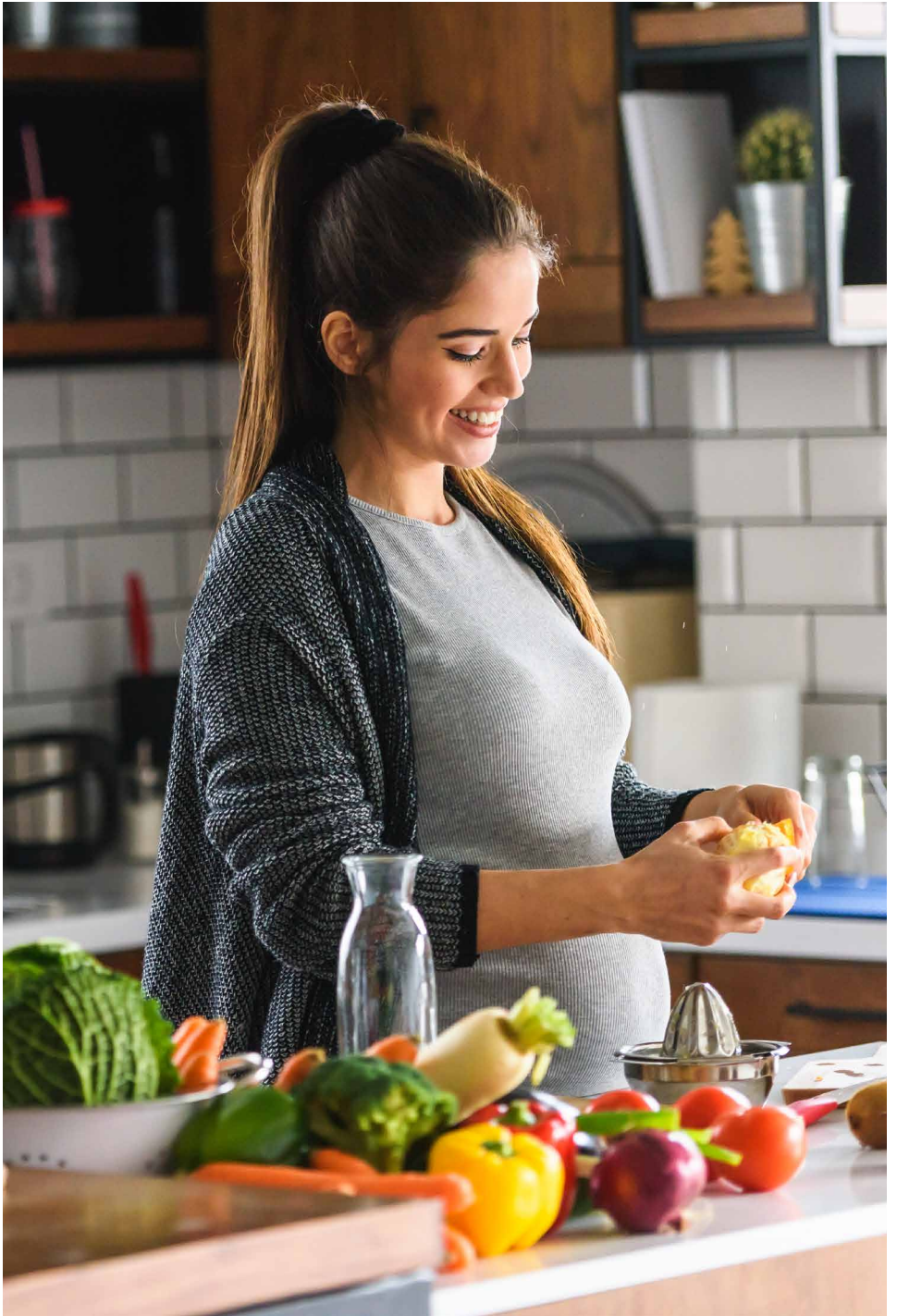
But now I suddenly have a lot more to do. Testing before and after a meal, injecting before every meal, paying close attention to what I eat. I've really had to deal with a lot in a short amount of time: diabetes, another big baby, giving birth at the hospital. But I'm happy with the support I'm getting. I was certainly upset for a few days. And sad, too. I was already worried about the birth and the health of our child. Now with this illness things are even more suspenseful.

I'm getting an ultrasound more often. And I'm going to give birth a bit earlier than my calculated due date. They also know exactly what to look out for at the hospital, so maybe things will go better this time. That's what I'm hoping for. I would like to breastfeed this time around. I've already requested information from the lactation nurse. Supplementary feeding is also possible with breastfeeding, like with Jos.

Injecting and testing isn't fun, but I know what I'm doing it for, and this is what I can contribute myself. I want to have a healthy child, and to not have such a difficult childbirth like with Jos, if possible.

*Karin de Boer*

'I've really had to deal with a lot in a short amount of time'



# Notes

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