Centre intégré de santé et de services sociaux
de la Montérégie-Ouest

GESTATIONAL DIABETES

What you need to know

Have you just been diagnosed with gestational diabetes? This information sheet provides answers to the questions you may have.

What is gestational diabetes or pregnancy diabetes?

Gestational diabetes, also known as pregnancy diabetes, usually appears after the 24th week of pregnancy. It is caused by an abnormal increase in your blood sugar levels (hyperglycemia) and is detected during blood tests ordered by your doctor around the 26th week of pregnancy, or earlier depending on your risk factors.

Insulin is a hormone produced by the pancreas that allows glucose to enter the body's cells to be used as energy. The placenta produces the hormones essential to pregnancy; however, these hormones can have a blocking effect on insulin. In most women, their pancreas is able to produce enough insulin to overcome this resistance, but when this is not the case, the result is gestational diabetes.

In general, a pregnant woman will not realize that she has gestational diabetes on her own. The most common symptoms are feeling unusually tired after a meal, intense thirst, and urinating more often. Up to 20% of pregnant women will develop gestational diabetes, and their risk increases if they have certain risk factors.

Why did I get gestational diabetes and what are the risk factors?

Some women are at higher risk of developing gestational diabetes (see «Risk factors» box).

It is important to remember that some women develop gestational diabetes even when they have no risk factors.

Risk factors:

- Over age 35;
- Family history of type 2 diabetes;
- Obesity (i.e., BMI of 30 or more);
- Women of Indigenous, Latin American, Asian, or African descent;
- Previously gave birth to a baby weighing more than 4 kg (9 lb.);
- Gestational diabetes during a previous pregnancy;
- Polycystic ovary syndrome;
- Multiple pregnancy (twins, triplets).

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How does gestational diabetes affect my health and my baby's health?

Gestational diabetes does not increase your baby's risk of birth defects or of being born with diabetes. The better your diabetes is controlled, the lower your risk is of developing complications.

If your blood sugard is not well controlled, you and your baby risk having complications. For example:

For the mother:

- Increased fatigue;
- Increased risk of infection;
- Increased blood pressure during pregnancy;
- Increased risk of preterm delivery;
- Increased risk of postpartum depression;
- Increased risk of developing type 2 diabetes in the long term.

For the baby:

- Birth weight of more than 4 kg (9 lb.) (macrosomia). This can lead to a number of complications during delivery, such as the need for forceps or a C-section. Your baby could also suffer from shoulder dystocia (when the shoulders get stuck during delivery), and you could experience perineal tearing;
- Drop in sugar levels at birth (hypoglycemia);
- Obesity or diabetes later in life;
- Slight risk of jaundice (yellowish skin colour), possibly requiring a longer hospital stay.

How will my pregnancy follow-up be different?

If you are diagnosed with gestational diabetes, you will be referred to the perinatal clinic at your birthing centre, where you will be followed by a team of health professionals until you give birth.

You can sometimes avoid having to take insulin simply by following the nutritionist's recommendations concerning your diet.

- Along with your OB-GYN or your family doctor, a nurse and a nutritionist could work with you to ensure that your diabetes is properly controlled. The nutritionist will give you dietary guidelines to follow until you give birth and will support you in managing your diet.
- If you need insulin to control your diabetes, you may also be followed by an internal medicine specialist, who will monitor your diabetes closely until the end of your pregnancy.

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Your **blood sugar numbers** are very important, and they're something that all the health professionals who are treating you will want to follow closely.

Normal blood sugar during pregnancy:

- **Before meals:** less than or equal to 5.2 mmol/l;
- **One hour after the beginning of a meal:** less than or equal to 7.7 mmol/l.

- A nurse or other health professional will explain how to test your blood sugar at home using the blood sugar meter that you will be given. Your doctor or a nurse from the perinatal clinic will check your results once a week.
- If your blood sugar levels are controlled with diet, you will be asked to test your blood sugar **four times a day up until the 36th week of pregnancy**; if you are taking insulin, you will have to test your blood sugar until you give birth.
- The **day after you give birth**, your blood sugar will be tested before and after you eat breakfast.
- **Six weeks after giving birth**, you will have an oral glucose tolerance test (75 g) at the CLSC to check whether your sugar levels are back to normal.

What if diet and exercise aren't enough to keep my blood sugar normal?

Even though exercise and diet help to control blood sugar, your blood sugar levels may still be higher than normal. In that case, your doctor will recommend that you start taking insulin. Insulin is a hormone that keeps your blood sugar levels within the normal range so that your baby doesn't get too much sugar.

What is hypoglycemia?

The opposite of hyperglycemia is hypoglycemia. This is an abnormal decrease in the amount of sugar in your blood (below 3.8 mmol/l). Apart from taking insulin, there are other ways to lower your blood sugar level such as exercising, refraining from snacking and spacing out your meals. Hypoglycemia is characterized by one or more of the following symptoms:

- Sweating;
- Hunger;
- Dizziness;
- Shakiness;
- Heart palpitations;
- Anxiety;
- Headaches;
- Mood swings;
- Tingling around your mouth.

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Did you know?

It's recommended that you start breastfeeding your baby immediately after birth to prevent hypoglycemia in the newborn.

Newborns of diabetic mothers are at a higher risk of hypolycemia and at a greater risk of needing suppements.

For that reason, in the last few weeks of your pregnancy (starting at the 37th week), we recommend that you express colostrum (early milk), which can be given to your baby instead of commercial infant formula if they need supplements for any reason.

Breastfeeding is recommended for all diabetic women. It also helps to control blood sugar and prevent type 2 diabetes.

For the baby, breastfeeding also reduces the risk of obesity and developing diabetes later in life.

What should I do if I have hypoglycemia?

1. As soon as you suspect hypoglycemia, you need to test your blood sugar using your blood sugar meter.
2. If your blood sugar is less than 3.8 mmol/L, you need to eat or drink 15 g of fast-acting sugar.

   Examples:
   - 1 tablespoon (15 ml) or 3 packets of white sugar dissolved in a glass of water;
   - 1 tablespoon (15 ml) of honey, jam, maple syrup, table syrup, or corn syrup;
   - ¾ cup (175 ml) juice or regular soft drink.

3. Wait 15 minutes.
4. Re-test your blood sugar:
   - If it is still below 3.8 mmol/L, eat or drink another 15 g of fast-acting sugar.
   - If your blood sugar is 3.9 mmol/L or higher, eat a snack or a regular meal (if you're not scheduled to eat in the next hour, eat something containing 15 g of carbohydrates and a source of protein).

   Example:
   - 4 Melba toasts with cheese or peanut butter.

Preventing hypoglycemia

It's recommended that you always eat your snacks and plan for one extra if you are exercising more.

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Do you have questions or need support?

Feel free to speak to the nurse at your clinic:

Hôpital Anna-Laberge

200 boulevard Brisebois, Châteauguay

- Perinatal clinic | 450-699-2489
  Monday to Friday, 8 a.m. to 4 p.m.
- Birth pavilion | 450-699-2463
  After regular clinic hours, on weekends and holidays

Hôpital du Suroît

150 rue Saint-Thomas, Salaberry-de-Valleyfield

To make an appointment

- Perinatal clinic | 450-371-9920, ext. 2451

To speak to a nurse

- Mother-child centre | 450-371-9920, ext. 2148

References:

- Diabète Québec (2013). *Diabète et grossesse*. www.diabete.quebec.ca
- Brochure from CSSS Jardins-Roussillon: *Diabète gestationnel*, by Suzanne Denis, R.N., revised by Mélanie Guérin, R.N. (n.d.).
- CHU Sainte-Justine (2012). *Bien vivre sa grossesse avec le diabète gestationnel. Informations destinées à la clientèle*.
- La Leche League France - Allaitement et maternage.

Our mission
To maintain, improve, and restore the health and well-being of the Québec population by making accessible an array of integrated and quality health and social services, while contributing to the social and economic development of Québec.

Our vision
Accessible and efficient health care and services that adapt to the needs of Québecers.

Our goals
The CISSS de la Montérégie-Ouest achieves its goals through its innovative approaches and stands apart through:

- its exemplary offer of care and integrated services based on interdisciplinarity, accessibility, and adaptability to the needs of its population;
- its willingness to question and improve its professional, clinical, and administrative practices;
- its appreciation of its personnel and the implementation of human resource management practices;
- its strong relationships with its partners.

Our values
Our actions are guided by five equal and interconnected values: compassion, collaboration, commitment, confidence and consistency.

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