Gestational diabetes
Information to help you stay healthy during your pregnancy

- What is gestational diabetes?
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What is diabetes?
Diabetes is a condition that happens when a person’s body either can’t make any insulin, can’t make enough insulin to keep up with the body’s needs, or can’t use the insulin it makes in the right way.

How does insulin work?
Insulin is a hormone made by one of the body’s organs called the pancreas. The pancreas releases insulin as needed based on how much sugar is in the blood. Insulin helps the body turn sugar from the foods we eat into energy. It also helps the body store sugar in muscles, fat, and the liver so it can be used later.

When a person has diabetes, the body isn’t able to use or store the sugar it gets from food. Instead, the sugar stays in the blood and causes high blood sugar.

What is gestational diabetes?
Gestational diabetes is a type of diabetes that only happens in women during pregnancy. It usually goes away after after the baby is born. Gestational diabetes is common. But, if it’s not well controlled, it can cause serious problems for mother and baby.
What causes gestational diabetes?

During pregnancy, the placenta releases hormones that can make it harder for insulin to work. This is known as insulin resistance.

As the placenta grows during pregnancy, it releases more of these hormones, which increases the insulin resistance. When this happens, it becomes harder for insulin produced by the pancreas to work. Your blood sugar levels increase over time, leading to gestational diabetes.

There are things that can increase your chances of developing gestational diabetes, including:

- Having a family history of diabetes
- Having given birth to a baby that weighed more than 9 pounds at birth
- Being obese (BMI of 30 or higher)
- Being over 35 years of age
- Having had a baby that was stillborn

How does my provider check for gestational diabetes?

Gestational diabetes doesn’t usually have symptoms, so Group Health recommends routine testing to check for this condition.

You will have lab tests around 24 to 28 weeks that include a glucose screening blood test to see if you’ve developed gestational diabetes. If you have any risk factors that increase your risk for gestational diabetes, we will test you earlier and possibly more often during your pregnancy.

Group Health screens all pregnant women for gestational diabetes by 30 weeks.
How can gestational diabetes affect my baby?

Many women with gestational diabetes deliver healthy babies. If you keep your blood sugar levels as close to normal as possible during pregnancy, this will help lower the chances that you and your baby will have problems.

Some problems caused by high blood sugar levels include

- **Baby growing too large.** This is a condition known as macrosomia. It is caused by high sugar levels in your blood that your baby then receives through your placenta. Your baby’s body turns the sugar into fat, increasing the baby’s size and weight.

  Sometimes, this can make it harder to deliver your baby through the vagina because the baby has a larger head and shoulders. In addition, there is a risk of injury to the baby when delivering through the vagina when the baby has large shoulders. If this happens, there’s a greater chance that you will need a cesarean section to delivery your baby.

- **Low blood sugar levels for your baby at birth.** This is a condition known as hypoglycemia. Your baby gets the nutrients it needs from your blood. With high blood sugar levels in your blood, the baby makes extra insulin to break this sugar down. After delivery, the extra insulin can cause the baby’s blood sugar to drop below a healthy range. If this happens, your care team might give your baby sugar water or glucose to raise the blood sugar level to a normal range.

- **Other problems for your baby at birth.** This can include more trouble breathing and trouble fighting off infections. Once born, your baby might need to recieve care in a special nursery in the hospital until these problems get better.
What can I do during my pregnancy to take care of myself and my baby?

During your pregnancy, there are some simple steps you can take to make sure you and your baby stay healthy. One of the most important things you can do is to go to all of your appointments with your care team.

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**Keep your appointments with your health care team**

These visits will help you and your provider keep track of your blood sugar levels and make any changes needed to keep you and your baby healthy.

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Other steps you can take include eating healthy foods and getting regular exercise. Making these changes can also lower your chance of developing gestational diabetes in future pregnancies and type 2 diabetes later in life.

In addition to getting blood tests at the lab, you will learn to check your blood sugar at home. Checking your blood sugar regularly will help you keep it as close to normal as possible. Depending on your blood sugar levels, your health care provider might prescribe insulin or other medicine to help you control your blood sugar levels while you’re pregnant.

To help you keep track of your food, exercise, blood sugar readings, and medicines for diabetes, request a copy of our diabetes self-care diary from the Kaiser Permanente Resource Line. Call 1-800-992-2279 to have a copy mailed to your home.

If you use a diary, please take it with you to every appointment. The information can help you and your doctor or midwife spot problems in your self-management plan.
Together, you can then make adjustments in your food, exercise, and medicine to get better control of your blood sugar levels.

**Eat healthy foods**

During pregnancy, you need to eat a variety of foods to make sure your baby gets all the nutrients it needs as it grows. This includes eating whole grains, dairy products, vegetables and fruit, meat (or other protein sources if you don’t eat meat), and a certain amount of fat. Protein and fats provide essential nutrients for your baby’s development, so eating these foods in moderation is good during pregnancy.

Eating healthy foods consistently throughout the day will help you keep your blood sugar levels under control. The following guidelines can help you make changes in your eating habits and make meal planning easier.

- Don’t skip meals. Eat 3 meals a day plus 3 snacks. Try to eat meals at consistent times each day. Always eat a snack before going to bed.

- Follow your meal plan to get the right amount of calories and carbohydrates planned for each meal and snack.

- Don’t eat or drink foods and beverages that are high in sugar. When you have gestational diabetes, it’s hard to keep blood sugar levels under control when you eat and drink things that are sweet. This includes fruit juice, which is high in natural sugars.

- Choose foods high in fiber, such as whole grain cereals and breads, uncooked vegetables and fruit, beans and nuts. Eating fiber-rich foods with every meal helps your blood sugar levels rise more slowly.
If you have trouble with meal planning, talk to your primary care provider. You can ask your provider for a referral to a dietitian.

**Plan your meals to help control gestational diabetes**

Meal planning can help you keep your blood sugar levels as close to normal as possible. Ask your provider for a meal plan that you can fill out and follow. The plan includes what type of food to eat (such as a starch, meat, or fruit) and how many servings to eat.

**Get regular exercise**

Regular exercise can help you stay healthy during pregnancy and after you deliver your baby. Physical activity prepares your body for the birth of your baby by helping you maintain muscle tone and strength. Activity also helps your body use insulin better to keep your blood sugar as close to normal as possible.

Aim for at least 30 minutes of activity on most days of the week. Talk with your health care provider if you have any concerns about certain types of activity while you are pregnant.

**Check your blood sugar**

When you have gestational diabetes, check your blood sugar regularly. This information can help you and your health care team make sure you’re within a safe range. Your health care provider will help you decide which glucose meter is right for you, teach you how to use it and keep track of your numbers, and work with you on how often you should check your blood sugar.
Bring your glucose meter and blood sugar record with you to all of your appointments.

**Take insulin or medicine to lower your blood sugar**
If your blood sugar levels are always high, your provider might have you take insulin shots to help keep your blood sugar in your target range. Your health care provider will work with you to find the right insulin dose, as well as when and how often you should take it.

As your pregnancy progresses, your provider might change your insulin dose or the type of insulin you take.

While most providers prefer to use insulin to help control blood glucose during pregnancy, you might also be prescribed a pill to help with this, such as metformin or glyburide.

**Am I at risk for having diabetes for the rest of my life?**
Gestational diabetes can increase your chances of developing type 2 diabetes as you get older. It can also increase your chances of developing gestational diabetes in future pregnancies.

After your baby is born, make plans to get to a healthy weight and maintain it. This lowers your chances of getting diabetes again, and it also lowers your chances of having other health problems.

**Lower your chances of developing type 2 diabetes**
There are steps you can take after your baby is born that can lower your chances. These steps include following the same healthy lifestyle changes you made during pregnancy – eating healthy foods and getting regular exercise.
Do I need to do anything special after I deliver my baby?

Right after you deliver your baby, we will closely watch you and your baby’s blood sugar levels. We will check your blood sugar often, until it returns to a normal level. Your care team will also check your baby’s blood sugar level, which might be low after delivery.

If your baby’s blood sugar is low, your baby will get sugar water or glucose to bring the blood sugar levels to a safe range.

Gestational diabetes usually goes away after birth. However, having this type of diabetes during pregnancy increases your risk for type 2 diabetes in the future. After your baby is born, you will be tested for diabetes again in 3 months. If your blood sugar levels are still high, you need to be tested at least every year for diabetes. If your blood sugar levels are in a normal range, you need to be tested for diabetes every year.

Be sure to let all of your future health care providers know you had gestational diabetes, as this increases your risk for having diabetes in the future.
Where can I go for more information?

Visit kp.org/wa and check our Health and Wellness Resources section for more information about pregnancy and diabetes.

Contact the Kaiser Permanente Resource Line for printed material, including a diabetes self-care diary and a copy of the Exchange Food List booklet. Call 1-800-992-2279.

Check your account on our secure member site at kp.org/wa to keep track of your care, including lab test results, medicines, and future appointments.

If you’re not already registered, we encourage you to sign up for online services. You can make appointments online, order medicine refills, view your lab and test results, and send secure email messages to your care team if you have questions or concerns. Go to kp.org/wa and follow the instructions to set up your account.