

## **GESTATIONAL DIABETES**

Gestational diabetes (GDM) is diagnosed with a 75g Glucose Tolerance Test. (75gGTT) This test involves following a high carbohydrate diet for three days followed by a blood test. This test is done over a two hour period. When higher than normal blood glucose levels are recorded at either fasting level or the 2 hour level you are a gestational diabetic. From 3 to 8% of pregnant women will develop gestational diabetes.

Your blood glucose level will normally return to normal after the birth of your baby, there is an increased risk for type 2 diabetes, in the future. Your baby may also be at risk of developing type 2 diabetes, later in life.

Your risk for developing this condition is increased if you:

- Are over age 30
- Have a family history of diabetes (parents, grandparents or siblings)
- Are over weight (BMI >30)
- Come from an indigenous Australian or Torres strait islander background
- Come from a Vietnamese, Chinese, middle eastern, Polynesian or Melanesian background
- If you had gestational diabetes during a previous pregnancy.

If you are found to have GDM you will need to be seen on a regular basis by an endocrinologist. You will also have regular appointments with the diabetes educator and dietician. A blood sugar monitor will be supplied to you and you will be asked to test your sugar levels 4 times a day. This is a pin prick test before and/or after meals. You will be asked to keep a record of your sugar levels and bring this record to your GDM visits. The monitor should have a memory in it that will help your diabetic educator/dietician to monitor your levels. If your sugar levels become uncontrollable your endocrinologist may decide it is better for you to begin insulin injections.

If your blood glucose levels are not looked after, there can be consequences for your baby. You may have a large baby (macrosomic) and may therefore need a caesarean section which comes with associated risks. If not a caesarean you may need forceps which in turn comes with another set of risks. Your baby may not be able to control his/her own glucose levels and need to be cared for in a special care nursery. There is also a small yet increased risk of a premature birth and pregnancy loss.

It is therefore important for you to advise your midwife if you have any risk factors.

Six weeks after you have your baby you will be asked to do the 75gGTT again. You will more than likely find that you no longer have diabetes. Although, you are now at further risk of developing diabetes later in life.