



## You Are Not Alone

*You have just learned you have gestational diabetes. This brochure will answer some basic questions. It may be helpful to know, you are not alone — many pregnant women have gestational diabetes. Take comfort in knowing that your doctor works with the experienced team at the Swedish Diabetes Education Center to ensure you have the best, most complete care and a healthy baby.*

### Your appointment

Your appointment for GDM education will be approximately two hours in length — one hour with the nurse and one hour with the nutrition educator. Call 206-215-2440 after you are diagnosed with GDM to make an appointment. You may bring an adult support person with you to your education appointment. After your appointment, the education team and your physician will follow up with you.



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# Gestational Diabetes: What You Need to Know



## Now what do I do?

Your doctor will refer you to a diabetes education team, which will include a nurse and nutrition educator. It is important that your doctor conveys any specific instructions directly to the diabetes education team so they know as much about you as possible. The diabetes educators can teach you about:

- Meal planning
- Blood-glucose and ketone monitoring
- Insulin injection and/or oral agents (only if needed)
- Reducing your risk for developing diabetes after pregnancy

## What do I eat before I see the educators?

It is important to eat three small meals daily. It is okay to have small snacks between meals or at bedtime. Choose healthy foods. Include lean meats, poultry or fish; cheese and other low-fat dairy foods; fresh vegetables and fruits; and small amounts of breads, pasta, potatoes or rice. Try to include only moderate amounts of oils, margarine and salad dressings. Include protein sources, such as meats, with carbohydrate choices such as bread, rice or fruit. Avoid extra sugars, sweets, soda pop and juices. The nutrition educator will develop a personalized plan with you.



## What is gestational diabetes?

“Gestational Diabetes Mellitus” (GDM) is a condition where the amount of glucose (or sugar) in your blood goes above normal. A glucose screening test is done near the end of the second trimester or the beginning of the third trimester. If your glucose level is high, a three-hour glucose test is usually done to make the diagnosis of GDM.

## What causes gestational diabetes?

The exact cause of GDM is unknown. The increasing levels of many hormones in pregnancy produce a resistance in your body that makes it harder for insulin (a hormone produced by the pancreas) to lower your blood sugar. Because your body cannot completely adjust for this resistance, your blood sugar rises higher than normal.

## How is gestational diabetes treated?

There are several things that can be done to help control blood sugar and keep it in a healthy range for the baby. The first step is to follow a meal plan that meets the nutritional needs of pregnancy and controls the amount of carbohydrate consumed at regularly timed meals and snacks. If you are already exercising, it will

help lower sugar. You will learn how to test your own blood sugar at home. At first, you will test your blood sugar several times a day. This will help you know if your sugar is staying within a healthy range for your baby. Your blood sugars will be reviewed throughout the day by the diabetes education team and your doctor.

## Will I have diabetes forever?

Blood sugar for most women goes back to normal once the hormones adjust after delivery. However, a small number of women with GDM do continue to have diabetes after their baby is born. There is a 40 percent to 60 percent chance you will develop diabetes within the next several years. You can lower your risk for developing diabetes by maintaining a healthy weight when you are not pregnant and being physically active.

## What does it mean for my baby?

If you have GDM, it does not mean your baby will have diabetes. With GDM, your baby may get too much of the glucose (or sugar) from your blood. This extra supply of sugar from you to the baby will cause extra insulin to be produced by the baby. Your baby will store the extra sugar as fat. An extra-fat baby is very hard to deliver — for you and the baby. At delivery, the baby is still producing extra insulin and may have an undesirable fast drop in blood-glucose level. However, with proper GDM treatment and education, your chances for a healthy baby are excellent.