

# GESTATIONAL DIABETES 101

## WHAT IS IT?



Diabetes that develops during pregnancy is known as gestational diabetes. It is quite common and can affect 18 in 100 pregnant women. It occurs because your body cannot produce enough insulin (a hormone important in controlling blood glucose) to meet its extra needs in pregnancy.

The placenta, which supplies your growing foetus with nutrients and water, also produces a variety of hormones to maintain the pregnancy. Some of these hormones can have a blocking effect on insulin. This results in high blood glucose levels. Gestational diabetes usually starts in the middle or towards the end of pregnancy and in most cases, ends shortly after birth. It does however put you at risk for type 2 diabetes later on in life.



## RISK FACTORS

Some women are more predisposed than others due to certain risk factors these include:

- your body mass index (BMI) is 30 or higher
- you have previously given birth to a large baby, weighing 4kg or more (based on the South African guideline for foetal weight)
- you have had gestational diabetes before
- you have a parent, brother or sister with diabetes
- your family origin is South Asian, Chinese, African-Caribbean or Middle Eastern.



If you have any of the above risk factors, you should be offered a glucose test during your pregnancy. This may be a simple blood test in early pregnancy and/or a glucose tolerance test (GTT) when you are between 24 and 28 weeks pregnant. If you are diagnosed with gestational diabetes, it is important to control the level of glucose in your blood during your pregnancy. If your blood glucose is too high, your baby will produce more insulin, which can make your baby grow bigger and increases the likelihood of having your labour induced, caesarean section, birth complications and in extreme cases, stillbirth. These risks are higher if gestational diabetes is not detected and controlled.

A baby that is making extra insulin may also have low blood glucose levels after birth and may need extra neonatal care to monitor their levels after birth.



## DANGERS OF GESTATIONAL DIABETES

Although most women who develop gestational diabetes will have healthy pregnancies, there are certain health problems that that can occur as a result of this condition. Women who develop gestational diabetes are at risk for type 2 diabetes in the future. Also having uncontrolled gestational diabetes puts your unborn children at risk for both gestational diabetes and type 2 diabetes later on.



## LIFESTYLE CHANGES TO TAKE ON BOARD

Gestational diabetes can be controlled by specific lifestyle changes. If you fall into any of the risk factors, these lifestyle changes are suggested prior to pregnancy. Some of these changes include:

1. Converting all carbohydrates to brown, whole-wheat or high fibre.
2. Reducing overall quantities of carbohydrates and increasing quantities of proteins in meals. The protein-to-carb ratio is exceptionally important to understand.
3. Increasing water intake to at least two litres a day.
4. Exercising daily for 30 minutes
5. Avoiding processed foods, high sugar foods and fizzy drinks.

