



Gestational Diabetes Information

Gestational diabetes is elevated blood sugar that develops during pregnancy. This is caused by pregnancy hormones interfering with insulin. Insulin is made by the pancreas and helps keep your blood sugar at appropriate levels. But in some women, the body cannot make enough insulin during pregnancy, and blood sugar levels go up. This leads to Gestational Diabetes. The baby is exposed to high blood sugar if this is not controlled.

Having gestational diabetes does not mean your baby will be born with diabetes or birth defects. But, women with gestational diabetes and their babies are at higher risk of developing type 2 diabetes and obesity later in life.

For more information, please visit:

<https://www.acog.org/patient-resources/faqs/pregnancy/gestational-diabetes>

https://www.cdc.gov/pregnancy/documents/diabetes_and_pregnancy508.pdf

<https://thegestationaldiabetic.com/a-guide-to-understand-gestational-diabetes/>

You have been informed that you have gestational diabetes. Now what?

Gestational diabetics are required to record their fingerstick glucose levels 4 times daily until the end of the pregnancy. You will be asked to write down FASTING and 2 hour post meal fingersticks. (2 hours from the start of eating).

Bring your blood sugar level record with you to each prenatal visit. Blood sugar logs also can be kept online, stored in phone apps, and emailed to your ObGyn or Maternal Fetal Medicine physician. Your blood sugar log will help provide the best care during your pregnancy. A sample blood sugar log is at the end of this document, but you do not have to use this one. If you are using a PMG Endocrinologist, they will want you to send them your glucose numbers through a patient portal message. If you are using Maternal Fetal Medicine, they will want you to email or fax them your log.

Your treatment plan will depend on your blood sugar levels.



Additionally, to help manage your diet, please make an appointment with hospital nutrition services (609-853-6183). They will help you come up with meal plans as well as suggestions about how to change your diet.

What supplies do I need for gestational diabetes?

Every patient needs to obtain a GLUCOMETER and the specific TEST STRIPS & LANCETS that match the brand of the glucometer.

Additionally, you will need to get small alcohol wipes to clean your finger prior to using the lancet.

Please check with your insurance company to see which glucometer is covered. It is extremely important to tell us the BRAND and the STYLE. For example, there is One Touch brand that makes a Verio style glucometer. This same holds true for types of test strips and lancets. We will need to know the exact information to call in the supplies.

Please be able to specify your pharmacy.

What will I be doing for the rest of my pregnancy because I have gestational diabetes?

You will learn how to:

- Test and write down your own blood sugar at home (“blood sugar log”). You must bring your log to each doctor visit (both OB and MFM visit)
- Keep your blood sugar within the normal range as much as possible
- You will meet with a nutritionist that will help you choose the right foods and the right amounts of food to eat
- Eat three small meals and three snacks each day. Avoid eating sweets and using sugar.
- When you notice your glucose numbers are above the accepted limit, please write down what you ate at the time.
- Gain weight slowly by exercise every day (especially after meals). If you cannot exercise, try walking at any pace for at least 30-60 minutes daily.

Are there different types of gestational diabetes?

There are two types: diet controlled (A1) and medication controlled (A2). Everyone starts out with diet control. If you are not able to manage your diet to produce



appropriate fingerstick numbers, medication will be started to help manage your blood sugar.

What testing during the pregnancy is performed on the baby if I have gestational diabetes?

People with diet controlled (A1) gestational diabetes will have monthly growth ultrasounds in the third trimester. These ultrasounds are performed at Maternal Fetal Medicine.

Women with medication controlled (A2) gestational diabetes will have monthly growth ultrasounds. Additionally, a nonstress test (NST) will be performed weekly in the office around 32 weeks. At 34 weeks, a 2nd NST each week will be performed at Maternal Fetal Medicine.

An NST is a screening test performed in the third trimester to assess the status of the baby. Monitors will be placed on top of your uterus for at least 20 minutes, listening to your baby's heartbeat.

Why is my blood sugar too high?

There are four main reasons why your blood sugar can be too high:

- Your body's insulin which lowers blood sugar is not being used well or your body cannot make enough
- Pregnancy hormones interfering with your body's insulin
- Being overweight or gaining too much weight during pregnancy
- Eating too much, too often or the wrong foods (like foods that are high in carbs or drinking sugary drinks like juice or soda). Also, the timing of eating these high carbohydrate items matters as well (late at night is not OK)

What should I eat if I have gestational diabetes?

A balanced diet is key to properly managing gestational diabetes. In particular, women with gestational diabetes should pay special attention to their carbohydrate, protein, and fat intake. It is important to meet with the nutritionist to adjust your diet for the remainder of your pregnancy.

As much as possible, your meal plan will include foods you are familiar with and that may be part of your family's customs and traditions. You will learn how to use "portion



control” with favorite foods which might raise your blood sugar too much. You may need to eat smaller amounts than you usually do. This is especially helpful when the rest of the family is eating these foods.

You should eat regular meals throughout the day. Eating too much at one time can make your blood sugar go too high. You will be asked to eat every two to three hours so you should not get hungry during the day. You may need to eat small snacks as well, especially at night. Eating regularly helps avoid dips and spikes in your blood sugar level. Often, three meals and two to three snacks per day are recommended.

Examples of healthy fats: nuts, peanut butter, olive oil, avocado, sunflower/ pumpkin seeds, flaxseed, walnuts, fish, soymilk, tofu and olives.

Please refer to this website for more information:

<https://www.lamaze.org/Giving-Birth-with-Confidence/GBWC-Post/foods-to-eat-for-healthy-fats-during-pregnancy-1>

Pregnant women should try to eat about 70 - 100 grams of protein daily. Examples of healthy proteins: poultry / fish (for nonvegetarians) and tempeh, tofu, quinoa, eggs, cheese, yogurt (esp Greek Yogurt), SKIM (nonfat) milk, lentils, chickpeas, and peanut butter.

Carbohydrates are important for pregnancy, but not in excess. Pregnant women should opt for whole grain carbs such as whole grain/ multigrain bread/rice pasta, beans and starchy vegetables like potatoes or corn. Fiber is also a type of complex carbohydrate and can be found in plant foods. Fiber can help with digestion and with regular bowel movements. The following foods are good sources of fiber: leafy vegetables (cabbage, spinach, kale), fruits (berries, oranges, apples and peaches with the skin), and legumes (chickpeas, black beans, lentils). Please note that fruits contain sugar and you should limit your fruit intake to two servings daily.

What foods should I avoid with gestational diabetes?

Fast food, alcoholic beverages, baked goods (muffins, donuts, cakes, sweet breads), fried foods, sugary drinks (soda / juice/ sweetened beverages / syrup / honey), candy, white



table sugar, very starchy foods (white pasta, white rice) and sweetened cereals / granola bars / sweetened oatmeal.

Can I exercise to control my gestational diabetes?

Exercise helps keep blood sugar levels in the normal range. In general, 30 minutes of moderate-intensity aerobic exercise at least 5 days a week is recommended (or a minimum of 150 minutes per week). Walking is a great exercise for all pregnant women. In addition to weekly aerobic exercise, it's a good idea to add a walk for 10–15 minutes after each meal. This can lead to better blood sugar control.

My doctor told me that I need to take insulin to control my diabetes during pregnancy. What does this mean?

Following your meal plan and exercising is often all that you need to do to keep your blood sugar normal. But some women will still have high blood sugar.

This is not your fault, some women with gestational diabetes are not able to make enough insulin to cover their needs during pregnancy. Remember, insulin lowers your blood sugar. If there is not enough insulin, the blood sugar will be high. Some women with gestational diabetes will need to take insulin. These women will need to give themselves insulin shots every day. These shots may only be needed during pregnancy. There are no insulin pills. Insulin shots are not painful when done the right way. If you need insulin, you will be taught to give yourself insulin shots just under the skin in your stomach area. At first some women are afraid to inject insulin in this area. Once they have been trained on how to give the shot, most women do well. Women are taught to move the insulin shot to a different areas of the stomach each time it is given.

Does gestational diabetes affect my delivery?

Most women with controlled gestational diabetes can complete a full-term pregnancy. But if there are complications with your health or your baby's health, labor may be induced (started by drugs or other means) before the due date. Additionally, the American College of ObGyn recommends that women with A2 gestational diabetes (taking medication) be delivered by their due date.

Although most women with gestational diabetes have a vaginal birth, they are more likely to have a cesarean delivery than women without gestational diabetes. It is



extremely important to control your blood sugar to avoid complications during the delivery.

What can happen to my baby if my gestational diabetes is uncontrolled?

When your blood sugar is too high, the extra sugar is shared with your baby. When the baby gets too much sugar from you, the baby stores it as fat. This is why some women with gestational diabetes have very large babies. Large babies can get stuck in the vagina during vaginal delivery (“shoulder dystocia”). These babies are at risk for having a rapid drop in their blood sugar right after birth. This is not healthy and these babies may need to go to a special care area such as a neonatal intensive care unit (NICU).

If I have gestational diabetes, what should I do after my delivery?

After delivery, your diet can return to your usual pre-pregnancy diet. If you are taking medication for diabetes, the medications will usually be stopped after delivery.

At your postpartum visit, you will be instructed to take a 2 hour fasting glucose challenge test. You will have to drink 75g of glucose and have 3 blood draws.



				NAME:	
--	--	--	--	-------	--

Gestational Diabetes Log

<u>Date</u>	<u>Fasting</u>	<u>After Breakfast</u>	<u>After Lunch</u>	<u>After Dinner</u>	<u>Comments</u>
Blood sugar goals:		Fasting < 90	2 hours after meals < 120		
Princeton Medical Group, OBGYN		Phone: 609-924-9300			Fax: 609-921-1168