

What is gestational diabetes in pregnancy?

PREGNANCY TIPS AND ARTICLES

ARTICLE

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Learn more about gestational diabetes during pregnancy, what mums can do if they're diagnosed with gestational diabetes, and how it may affect their unborn child in the short and long term.

Q: What exactly is gestational diabetes?

A: If you're pregnant, have never had diabetes before, and have high blood glucose (sugar) levels (usually in the second or third trimester), you are said to have gestational diabetes. The insulin, a hormone your body makes, isn't working enough to move the glucose from your blood into the cells where it can provide energy. Most women with gestational diabetes don't continue to have diabetes immediately after their baby is born. For this reason it is thought that hormones from pregnancy are behind it all.

Q: How do women get gestational diabetes?

A: Scientists don't really know the definitive answer to this one. What they do know is that you're more likely to develop gestational diabetes if you:

- are obese
- have a family history of diabetes (such as mom, dad, or a sibling with diabetes)
- already have children who weighed more than 4kg at birth
- had gestational diabetes in a previous pregnancy or other pregnancy complications
- are aged 35 or older.

Q: How common is gestational diabetes?

A: Around the world, the number of women with gestational diabetes is increasing. Scientists don't know why, but some racial and ethnic groups tend to have higher rates of gestational diabetes. The increasing number of women who are obese when they get pregnant might be partly responsible.

Q: Can I do anything to reduce my chances of developing gestational diabetes?

A: Yes. While some factors, such as your age or family history, are beyond your control, the good news is that there are steps you can take to help reduce your risk of developing gestational diabetes.

1. Maintain a healthy weight. Before you get pregnant, check that you are at a healthy weight, and once you are pregnant, monitor your weight gain so you stay within recommended guidelines. Leading scientists agree that gaining too much weight during pregnancy isn't healthy for you, or your baby, and can directly influence the size of your baby at birth. Some women who gain excessive weight during pregnancy may think they're doing the best thing for their baby, but studies have found that extra weight gain during pregnancy increases your chances of developing gestational diabetes.
2. Stay active. Even if you weren't particularly active before pregnancy, it's never too late to think about exercise when you're pregnant. Recent studies have shown that leading a moderately active lifestyle is healthy for pregnant women. As always, if you're not sure what's safe for you, check with your healthcare provider.
3. Eat a balanced diet. Think about what's on your plate, as well as portion sizes. Eating the appropriate quantities from the five food groups (fruits, grains, vegetables, meat/fish, and dairy) will provide the calories and nutrients your body needs to prepare for pregnancy and for your future baby's health.
4. Consider myo-inositol and probiotics. Emerging research suggests myo-inositol supplementation may help to reduce the risk of developing gestational diabetes, especially if you're at high risk. The exact way in which myo-inositol works is not yet fully understood, but some science suggests that it can improve the capacity of tissues (such as muscles and fat tissues) to absorb the glucose from your blood into the cells where it can provide energy. Myo-inositol is naturally found in animal and plant cells, and is in many fresh fruits and vegetables. Supplementation with some probiotics may help balance the bacteria in your digestive tract and there is some evidence to suggest specific types of probiotics may have a role to play in reducing your risk of gestational diabetes.

Q: Will I be tested?

A: Yes, most healthcare providers carry out a routine blood screening test at 24 to 28 weeks to check for gestational diabetes. This is because many women don't have any of the risk factors above and show no symptoms. If you are at a higher risk, your healthcare provider may recommend you're tested earlier.

Q: If I develop gestational diabetes, will I have to take medication?

A: Not necessarily. It's important to know that gestational diabetes can be successfully managed and changes to your diet and exercise might be enough to keep your blood glucose levels in the healthy range, although sometimes medication is needed too. Your healthcare provider will be able to advise you.

Q: Will gestational diabetes harm my baby?

A: Not if it's successfully controlled. When blood glucose levels are under control, the majority of moms and babies can remain healthy. If gestational diabetes is uncontrolled and your blood glucose levels remain too high, the extra glucose passes through the placenta to your developing baby. The extra glucose in your baby's blood forces their body to make more insulin. This extra blood glucose and insulin make fat, and can result in a baby growing too big, especially in the upper part of their body. The extra insulin made by your baby may also cause her to have low blood glucose levels at birth, requiring medical attention.

Q: But isn't a big baby a sign of good health?

A: No, that's a common misconception. There are serious health risks if your baby is too large. Large babies can have difficulty while in the womb, entering your birth canal, and other complications at birth. After they're born, some large babies are at an increased risk of breathing problems.

Q: Can gestational diabetes affect my baby as she grows up?

A: Yes, it might, if it's not controlled. If you have high blood glucose during pregnancy, you're more likely to have a large baby. Babies who are considered large at birth have an increased risk of growing up to be overweight children. In turn, overweight children face an increased risk of obesity in adulthood.

Q: If I do develop gestational diabetes, what can I do about it?

A: Follow this 6-step plan to help take control of your gestational diabetes.

1. Know your blood glucose levels. Ask your healthcare provider about how to monitor your blood glucose and what your desirable blood glucose range is before you eat in the morning and after meals.
2. Eat a healthy diet. We're all different so speak to a dietitian about customizing meal plans so you're eating the calories and nutrients (especially carbohydrate, protein, and fat) your body needs.
3. Gain an appropriate amount of weight during pregnancy.
4. Keep up moderate exercise, under the advice of your healthcare provider.
5. Take any medications you've been prescribed.
6. Attend all your appointments so your healthcare provider can measure and monitor your baby's growth.

