

Gestational Diabetes

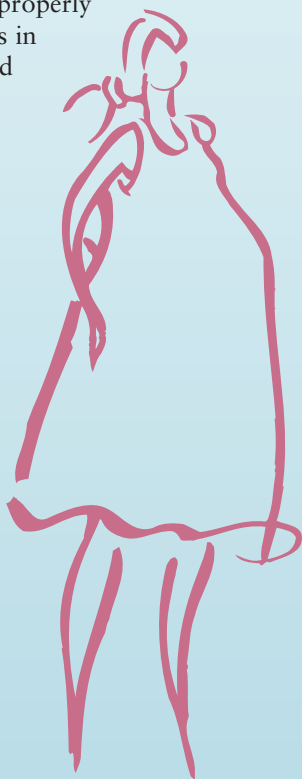


GESTATIONAL DIABETES

What is diabetes?

Diabetes affects the way your body turns food into energy. When you eat, your body changes food into a sugar called glucose. Glucose is the “fuel” your body needs for all your activities—whether it’s breathing, reading, walking or running. Diabetes makes it difficult for your body to use glucose for fuel. All people with diabetes have the same problem: too much glucose in their blood.

To carry glucose from your bloodstream to your cells, your body uses insulin. Insulin is a hormone made by a gland near your stomach called the pancreas. With diabetes, your body doesn’t make enough insulin or doesn’t use insulin properly. Glucose isn’t carried properly to your cells, so too much stays in your bloodstream. This is called hyperglycaemia, or high blood glucose. Left untreated, high blood glucose can cause a lot of damage to your body.



What is gestational diabetes?

Gestational diabetes is high blood glucose that occurs **ONLY** in pregnant women who do not already have diabetes. It usually goes away once the baby is born. Only a small number of women are affected. It occurs at about the 24th week of pregnancy, when your body makes large amounts of hormones to help your baby grow. These hormones prevent your insulin from working the way it should. When this happens, your blood glucose rises.

High blood glucose will cause your baby to grow large and make insulin. Don't worry - most women with gestational diabetes have healthy babies. However, the gestational diabetes has to be treated until your baby is born. Keeping your blood glucose as near normal as possible will prevent problems for you and your baby.

Am I at risk for gestational diabetes?

You could be at risk if:

- You are overweight
- You have a family history of diabetes
- You have had a baby weighing over 9 pounds

How is gestational diabetes treated?

- Meet with a dietitian**

For anyone with diabetes, meal planning is important to help control blood glucose. All foods turn into glucose. Carbohydrates like bread, rice and fruit affect your blood glucose the most. Protein and fat can also raise the blood glucose.

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Eating too many carbohydrates can cause you to have high blood glucose. A dietitian can help you learn how to control your blood glucose and provide good nutrition for you and your baby.

- **Get enough exercise**

Exercise is important when you have gestational diabetes. Talk to your healthcare team about the best kind of exercise to do while pregnant.



- **Test your blood glucose yourself with a meter**

This helps you and your healthcare team know how your gestational diabetes plan is working. Your healthcare team will tell you how often to test and what your blood glucose goals are. Sometimes changes in your diet or exercise are needed (see Blood Glucose Monitoring leaflet).

- **Take insulin if directed by your doctor**

When you have gestational diabetes, the insulin your body makes may not be working well. Some women need to take insulin to control blood glucose. Pills for diabetes cannot be used during pregnancy.

How can gestational diabetes affect me?

When you get gestational diabetes, some problems can occur. Fortunately, in most cases, good control of blood glucose may prevent having these problems.

Urinary tract infections are more common in women with gestational diabetes. These infections are caused by bacteria, which grow better when your blood glucose is high.

Caesarean section (also known as a C-section) is more common for women with gestational diabetes.

Pre-eclampsia (you may have heard this called toxæmia) is possible with gestational diabetes. If you get this condition, you will have high blood pressure, protein in your urine, swelling in your face, hands and feet, and greater weight gain.

Polyhydramnios can also occur, meaning you have too much amniotic fluid. Amniotic fluid is the liquid inside the uterus. The uterus is the part of the body that holds the baby during pregnancy. Polyhydramnios can cause the baby to be born too soon.



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Can gestational diabetes affect my baby?

Yes, high blood glucose can affect your baby, but good control can lower the risk of your baby having problems.

Macrosomia means large baby. When your blood glucose is too high, the extra glucose gets to your baby. Your baby makes more insulin. The extra insulin and glucose make your child grow bigger and fatter than normal. Macrosomia can make it difficult for you to deliver your baby.

Hypoglycaemia means low blood glucose. If you have high blood glucose while you are in labour, your baby will make extra insulin. After delivery, the extra insulin causes your baby's blood glucose to get too low. Your baby's blood glucose will be checked and treated, if necessary.

Jaundice of the newborn is a condition that makes your baby's skin look yellow. It is not serious, and can happen when you have gestational diabetes. Before delivery, your baby makes extra red blood cells. After delivery, your baby's liver breaks down the extra red blood cells and gets rid of them. The waste product from this process is called bilirubin. If your baby's liver is not mature enough at birth, the extra red blood cells and bilirubin stay in your baby's body. Bilirubin makes your baby's skin look yellow. It is simple to treat in the hospital using special lights.

Can I have a healthy baby?

Of course you can have a healthy baby when you have gestational diabetes. Here are some tips:

- Follow the instructions of your healthcare team
- Check your blood glucose yourself with a meter
- Follow your meal plan
- Exercise regularly

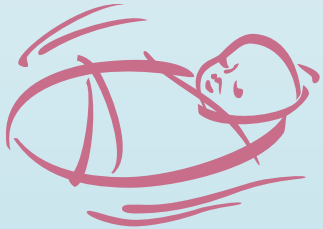
Will my baby be born with diabetes?

No, having gestational diabetes does not cause your baby to be born with diabetes.

Will diabetes go away after my pregnancy?

Usually, your blood glucose will go back to normal as soon as your baby is born. However, your risk of getting diabetes later in life is higher when you have had gestational diabetes.

It is important to stay on a healthy meal plan, maintain a healthy weight and exercise regularly. You should have your blood glucose checked again at your 6-week check up and regularly (yearly) thereafter. Taking better care of yourself now will mean less chance of developing diabetes later.





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Gestational diabetes can be controlled. You can have a healthy pregnancy and a healthy baby. The key is making healthy choices while you're pregnant. This will help you get into the habit of making healthy choices after your baby is born. The nice thing is, not only will you feel better while you're pregnant, you'll also have less chance of developing diabetes later in life. Just remember—the power to manage your own and your baby's health is in your hands.

For more information about our Ascensia™ diabetes product range call Ascensia™ DIABETES SUPPORT on 0845-600-6030

You can also visit our web site at:
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