

Why is monitoring important?

The risks are higher if GDM is not detected, controlled and monitored. A baby that is making extra insulin may have low blood glucose levels after birth and is more likely to need additional care in a neonatal unit. Your baby may also be at greater risk of developing obesity and/or diabetes in later life. Controlling your levels of blood glucose during pregnancy and labour reduces the risks of all these complications for you and your baby.

Is taking insulin injections compulsory?

You may need to take insulin to keep your blood sugar in a target range. Keeping your blood sugar in a target range is the best way to prevent problems from gestational diabetes. Usually, gestational diabetes goes away after your baby is born. Then you no longer need insulin.

What are the lifestyle changes, I need to do to ensure a healthy baby and uncomplicated delivery?

Although gestational diabetes can cause complications for the expectant mum and baby's health, there is a lot you can do to keep the condition under control and minimize its effects on you and your baby:

Eat a healthy diet. Cut down on food high in sugar or fat. Include more fresh fruits and vegetables in your diet. Moderate physical exercise under the guidance of an expert will be helpful. Track your overall weight gain and weekly rate of gain.

Keep a daily record of your diet, physical activity and glucose level.



How does Diabetacare Contact Center help me in managing my GDM?

Our Diabetes management centres are equipped to monitor your glucose levels for 24x7 over the phone, on daily basis. Poor or uncontrolled diabetes is corrected immediately with the consultation of our Diabetologists. Nutritional guidance is given to you to keep glucose level under control, according to your life style. A special coaching is provided to address specific issues related to GDM, general conditions and transitions in the GDM, future obstacles or challenges and choosing a course of action to provide better quality of life to you.

When do I contact the Contact Center of Diabetacare?

You can contact Diabetacare Centre when you:

- ✦ Have warning signs of Hypoglycemia
- ✦ Severe Vomiting
- ✦ High Fever
- ✦ Uncontrolled BGL
- ✦ Need nutritional guidance



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GDM Management

Cherish
your pregnancy



While we manage your
Gestational Diabetes

What is Gestational Diabetes?

Your body digests the food you eat to produce sugar (glucose) that enters your bloodstream. Insulin is a hormone produced by pancreas, that helps glucose move from your bloodstream into your body's cells, where it's used as energy. Gestational diabetes mellitus (GDM) is a condition that develops during pregnancy, when the body is not able to make enough insulin. The lack of insulin causes the blood glucose or blood sugar level to become higher than normal.



What causes Gestational Diabetes?

During pregnancy, the placenta, connecting your baby to your blood supply, produces high levels of various other hormones. Almost all of them impair the action of insulin in your cells, raising your blood sugar. Modest elevation of blood sugar after meals is normal during pregnancy.

As your baby grows, the placenta produces more and more insulin-blocking hormones. In gestational diabetes, the placental hormones provoke a rise in blood sugar to a level that can affect the growth and welfare of your baby.

Who is at Risk for GDM ?

Any woman can develop GDM, but some women are at greater risk. Risk factors for GDM include:

- * High BMI before pregnancy (three-fold risk for obese women compared to non-obese women).
- * Smoking doubles the risk of GDM.
- * Short interval between pregnancies.
- * Previous unexplained stillbirth.
- * Previous macrosomia (big baby).
- * Family history of type 2 diabetes or GDM
- * History of PCOD

When does a women get GDM ?

Gestational diabetes usually develops during the last half of pregnancy – sometimes as early as the 20th week, but generally not until later.

What tests should I get done to confirm, if I have GDM?

Though there are many opinions about screening for gestational diabetes, the best way to identify all cases of gestational diabetes, is to screen all pregnant women.

Initial glucose challenge test.:You drink a liquid that contains 50 grams of sugar (glucose). Your blood sample is taken 1 hour later. A blood sugar level below 130 to 140 milligrams mg/d, is usually considered normal .If your blood sugar level is higher than normal, it only means you have a higher risk of gestational diabetes. You'll need a glucose tolerance test to determine if you have the condition.

Follow-up glucose tolerance testing. After fasting overnight, your blood sugar level is measured. Another sweet solution, containing a 100gms of glucose is given to you – and your blood sugar level will be checked every hour for three hours. If at least two of the blood sugar readings are higher than normal, you'll be diagnosed with gestational diabetes.



Will my child get Diabetes, if I have GDM?

Gestational diabetes doesn't cause diabetes in babies. However, babies of mothers with gestational diabetes have a higher chance of being very overweight and getting diabetes when they reach their teen years or early adulthood. The presence of gestational diabetes is a positive family history, thus lifestyle behaviours are important to maintaining the child's health.

How does me having GDM affect my baby?

In Gestational Diabetes, the sugar crosses the placenta to your baby. This means that there is a risk that he could grow large. A big baby may make labour and birth more difficult, and could mean you'll need a caesarean birth. GDM may cause serious complications, if it's not controlled. The risk of miscarriage goes up.

Will it affect my health, Now or in Future?

Most women with gestational diabetes will have safe pregnancies and healthy babies. In many cases your health, and your baby's health may be better than in a normal pregnancy because of the extra information and care you take to maintain a healthy lifestyle. If you've had GDM in the past, you are more likely to develop type 2 diabetes later in life. You will also need to have regular tests throughout your life to find out if you have developed Type 2 diabetes.

What is the treatment?

The most important treatment for GDM is a healthy eating and exercise. Gestational diabetes usually improves with these changes suggested by your diabetes team. Some women, despite their best efforts, need to take tablets and/or given insulin injections. Need to talk to a dietician about choosing foods will help to keep your blood glucose at a healthy and stable level.

- * **Close monitoring of your baby** - An important part of your treatment plan is to monitor your baby's growth and development with repeated ultrasounds or other tests.

