

## Gestational Diabetes

### *What is happening to me?*

Diabetes that starts during pregnancy is called gestational diabetes. It is one of the most common problems of pregnancy. It occurs when your body cannot make enough insulin to meet the rising amounts that you need during pregnancy or, your body cannot use the insulin that you make. Insulin is a hormone that allows sugar to enter the cells where it is turned into energy. When there is not enough insulin or the insulin your body makes is not working, sugar cannot get into the cells. This causes high levels of sugar in your blood. When diabetes is not treated, high levels of sugar can build up in the blood and damage organs, blood vessels, eyes and kidneys. Here are some facts about gestational diabetes:

- Occurs in about 4%<sup>1</sup> of all pregnant women
- Usually first seen during the second or third trimester
- The chance of having a successful pregnancy is about the same as a non-diabetic woman when blood sugars are kept at the normal level

### Obstetrical Homecare

If you have gestational diabetes, your doctor might prescribe the Alere® Diabetes Program. Nurses and dietitians who have been specially trained to care for expectant mothers with diabetes will teach you to manage your diabetes. They work closely with you and your doctor(s) to interpret the results of your blood sugar tests, urine tests for ketones, as well as help you with your food choices, diet, and weight gain. Alere's specialized staff is available to provide support 24-hours a day, seven days a week.

**For more information, contact your physician or call Alere at 800-950-3963**

## Understanding Gestational Diabetes



*The facts you need to know*

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## How does it affect my baby?

- When blood sugars are high during the last half of pregnancy the extra glucose (sugar) goes to your baby.
- The baby responds by making his/her own extra insulin so he/she can use this extra glucose and store it as fat in his/her body.
- This makes the baby bigger and fatter than normally expected.
- Delivering a very large baby can be hard for both you and your baby.
- The baby may continue to make extra insulin after birth causing his/her blood sugar levels to fall below normal, called hypoglycemia.
- A baby with hypoglycemia must be given sugar-water from a bottle or by an intravenous line (IV) for the first few hours after he/she is born to treat this condition.



**A Registered Dietitian can adjust and teach you to adjust your meal plan to meet your changing needs throughout your pregnancy.**

## How is Gestational Diabetes treated?

- A special meal plan is essential to keep your blood sugar in the normal range.
- Exercise that is approved by your doctor can help by allowing your body to better use the insulin.

- Some women need insulin injections (shots).
- You will check your blood sugar level several times a day using a small drop of blood from your finger and a special meter.
- You will check your urine for ketones, an acid made when diabetes is poorly controlled and the body uses fat instead of sugar for energy.

## Where do I start?

The goal in managing gestational diabetes is to keep your blood sugar levels as close to normal as possible. Often your doctor will use a health care “team approach” to improve your chances of having a healthy baby. Your team might include:

- **Diabetologist** | A doctor who specializes in diabetes care and is familiar with managing diabetes in pregnancy,
- **Obstetrician** | A doctor who specializes in the care of pregnant women,
- **Registered Nurse/ Diabetes Educator** | A person who can teach you how to manage your diabetes,
- **Registered Dietitian/ Diabetes Educator** | A person who can adjust, and teach you to adjust, your meal plan to meet your ever changing needs throughout your pregnancy,
- **Pediatrician or Neonatologist** | A doctor who specializes in treating the special problems of babies born to women with diabetes.

**Remember, once your healthy baby is born, the time spent keeping your diabetes in control will seem well worth it.**



## Remember . . .

Taking care of diabetes during pregnancy can seem frightening at first. You might have fears about your own well-being as well as that of your baby. Your emotions can seem to be out of control. These are normal feelings. The outcome of your pregnancy depends a lot on how well you take control of your diabetes and, with time and commitment, you can do it! Feeling informed and comfortable with your care can help reduce some of the stress that you will experience during this pregnancy. Your health care team will be there to help you adjust your care to keep your diabetes controlled during this special time. Be an active partner in your own care. Talk end result – a healthy baby – and once he or she is born, the time spent keeping your diabetes in control will seem well worth it.