

## Postnatal care for gestational diabetes (GDM)

Once your baby is born, all diabetes medication will be stopped. Your blood glucose levels will be monitored in hospital to make sure they have returned to normal. If your glucose levels remain high, your health care team will discuss this with you before going home. Your baby will be monitored in hospital for at least 24 hours after birth. This is to make sure your baby is feeding well and his/her blood glucose levels are stable. Feed your baby as soon as possible after birth.

### Follow up

You should be offered a test to check if you still have diabetes usually from 6-13 weeks after the birth of your baby. Ask your health care team how this is arranged. If this is normal, you should have a test for diabetes every 12 months. This can be arranged at your GP surgery.

Be aware of the signs and symptoms of diabetes e.g.

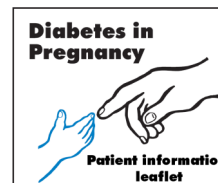
- Passing more urine than normal.
- Unexplained weight loss
- Increased thirst
- Frequent infections
- Tiredness
- Vaginal thrush
- Blurred vision

Please see your GP/ Practice Nurse for further advice and screening if you experience any of these symptoms. If you become pregnant, it is likely that you will have diabetes again. Therefore, **PLAN your pregnancy** and tell your GP/practice nurse or midwife as soon as you are thinking about stopping contraception. As soon as you find out you are pregnant, contact your midwife or diabetes/antenatal team, as you will be offered either home blood glucose monitoring or an oral glucose tolerance test. (OGTT).

### How to reduce your future risk of developing diabetes

- Be the right weight for your height (normal BMI).
- Eat healthily and take regular exercise.
- Cut down on foods that are high in sugar and fat.
- Avoid fried foods.

You can get advice about losing weight and healthy eating from your GP, Practice Nurse, dietitian, and health visitor.



## Gestational Diabetes (GDM)



### What is gestational diabetes?

Gestational diabetes occurs in pregnant women who do not already have diabetes; it often develops later in pregnancy; this is when the body produces large amounts of hormones that help the baby grow. These hormones prevent insulin from meeting the extra needs in pregnancy.

When this happens, your blood glucose levels rise.

Sometimes diabetes may have been present for some time, but is first detected when you become pregnant.

### How common is gestational diabetes?

The incidence of gestational diabetes is increasing as a result of higher rates of obesity in the general population and more pregnancies in older women.

Gestational diabetes usually goes away after your baby is born. However, you are more likely to develop GDM again in a future pregnancy and the risks of developing Type 2 diabetes are also increased. Therefore, it is essential that you get advice from your GP/ Practice nurse at your surgery when planning your next pregnancy.

Useful web sites

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[www.rcog.org.uk](http://www.rcog.org.uk)

## What are the risks of gestational diabetes (GDM)?

The risks to the **mother** include:

- A higher risk of needing an induction of labour/ and or caesarean section.
- Trauma during birth.
- Developing diabetes in later life.

The risks to the **baby** include:

- Growing too big and weighing over 4.5 kg (Over 10 lbs) or above the 90<sup>th</sup> centile.
- Fetal growth restriction.
- Difficult delivery due to baby's size.
- Breathing difficulties after birth.
- Low blood glucose after birth.
- Baby may need to go to special care baby unit to help normalise glucose levels.
- Becoming obese (overweight) and developing diabetes later in life.
- A risk of a stillbirth or neonatal death in 1<sup>st</sup> few weeks of life.



Your diabetes/antenatal team will plan your care with you to **help reduce these risks.**

## How will my care be different if I have gestational diabetes?

- Your maternity unit has a team of specialists who will provide care for you and your baby. The team consists of doctors, midwives, nurses and dietitians.
- You will be given a blood glucose meter to test your blood glucose levels at home.
- Your diabetes/antenatal team will advise you of your recommended glucose target ranges.
- This means that most of your antenatal care will take place at the maternity unit. Extra antenatal checks and scans will be offered to monitor you and your baby's health and well-being.
- Your health care team will discuss with you the timing and place of your baby's birth.
- During labour, your blood glucose levels will be checked every hour. If the levels are high, you will be offered an insulin infusion (drip) to control them. The aim is keep the glucose levels between 4-7.0mmol/l. Your baby's heart beat will be continuously monitored.

**The aim of good diabetes control in pregnancy is to reduce the chance of complications for both you and your baby.**

Leaflet updated May 2017. DAPS – Diabetes And Pregnancy Specialists

© Perinatal Institute, 75 Harborne Road, Edgbaston, Birmingham.B15 3BU  
[notes@perinatal.org.uk](mailto:notes@perinatal.org.uk) 0121 607 0101.

Leaflets can be viewed and printed from [www.preg.info](http://www.preg.info)

With acknowledgment to Diabetes in Pregnancy Advisory Group

Original leaflet developed June 2012.