Gestational diabetes
(diabetes during pregnancy)

What is gestational diabetes?
• Gestational diabetes is getting diabetes while you are pregnant.

• Aboriginal and Torres Strait Islander women are at increased risk of developing gestational diabetes, and should have a blood glucose test at 12 weeks of pregnancy.

• A further blood test is needed between 24 and 28 weeks of pregnancy.

• The hormonal changes of pregnancy on your body can result in high blood glucose (sugar) levels.

• Your body may not be able to make enough insulin or use it correctly during your pregnancy.

• This type of diabetes usually goes away after your baby is born.

• Having gestational diabetes puts you at greater risk of type 2 diabetes as you get older.

How do I look after gestational diabetes?
• Women with gestational diabetes are advised to see their diabetes team including a dietitian and a diabetes educator as well as their doctor.

• Healthy eating is very important for looking after gestational diabetes. A dietitian can help you make the best food choices.

• Regular physical activity is important. Activity helps your muscles use glucose and this helps to keep blood glucose levels in a healthy range. Strong muscles help labour and delivery too. Walking is a good choice. Talk to your exercise physiologist or doctor about the best activity for you.

• You will need to check your blood glucose levels at home. Your diabetes educator, health worker and doctor will help you with this.
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- Some women may need insulin. Talk to your doctor, diabetes educator and health worker regarding safe injecting sites.

**Can gestational diabetes harm my baby?**
- The most common effect is that the baby can grow bigger and fatter than it should. This is because the baby takes the extra glucose from the mother and stores it as fat. A large baby can make labour and delivery hard.
- Well-managed blood glucose levels can lower the risk of these problems.
- Your baby will be watched closely after birth to make sure that it is breathing well and blood glucose levels are stable.
- Your baby also has an increased risk of type 2 diabetes later in life.

**What should I be eating?**
To look after gestational diabetes and have a healthy pregnancy, it’s important to:
- Have three small meals and small snacks between meals.
- Include some carbohydrate foods at each meal and snack. Good choices are fruit or pasta or rice or noodles or bread (multigrain is better) or high fibre cereals or low fat milk or yoghurt or sweet potato or corn or potato or legumes like baked beans.
- Limit foods high in fat. Choose low fat milk and dairy foods, lean meat and skinless chicken. Try not to eat too many takeaway or processed foods.
- Avoid foods high in added sugar like soft drinks, cordials, lollies, sweets and cakes.
- A dietitian can help you to make healthy food choices for you, your baby and the rest of your family.

**What happens after my baby is born?**
Most of the time the diabetes goes away. However you are at higher risk of getting type 2 diabetes as you get older. You should have a blood test six to twelve weeks after the baby is born to see if the diabetes has completely gone. You also need to have tests for diabetes every year after that to check if diabetes has developed. You can lessen your risk of getting diabetes as you get older by:
- Being physically active for at least 30 minutes on most if not all days of the week.
- Continue a healthy eating plan.
- Keeping your weight within a healthy range.
- Having your blood glucose level checked every year especially if you are planning to have another baby.

"Hands on Country"
This painting was created for Australian Diabetes Council by artist Chris Tobin, a Dharug man, and a traditional custodian in the Blue Mountains region. In the artist’s words: “The central part of this painting represents the relationship of the clan – it’s a unity of people looking out for each other while living independent lives.”