



# Diabetes during pregnancy

## Information for Pregnant Women

### Will my baby have diabetes?

**NO.** Your baby will not be born with diabetes. Your baby will have made more of his/her insulin to cope with your higher sugar levels and will need to have his/her blood sugars checked for a little while after birth. The baby will keep on making too much insulin for a little while and so may then use up his/her food too quickly, dropping the blood sugar. Also, when your baby becomes a teenager/young adult he/she will have a higher risk of getting type 2 diabetes.

Both of these are more likely if your sugars are high in pregnancy. Controlling your sugars with diet and medication (if needed) is vital to the health of your baby. You need to test your sugars regularly and be honest with us so we can treat you in the best way.

### Will I be able to breastfeed?

**YES.** Breastmilk is the best thing you can give your baby as it helps to control blood sugar levels better than formula. Try to avoid formula if possible. Because of baby producing more insulin at birth, it is important that he/she feeds soon after birth. It is a good idea to express some colostrum from your breasts before birth and bring it with you to the hospital. This means if anything delays you or baby being ready to feed soon after birth, baby can be given the colostrum. Talk to your midwife about how and when to express this colostrum. Having skin to skin contact at birth helps to start breastfeeding.

### Will I have diabetes in my next pregnancy?


**YES.** You will nearly always develop diabetes in each of your pregnancies from now on. It is very important to see your family doctor as soon as you think you are pregnant. You will have a GTT and be referred to the diabetes in pregnancy team as early as possible in your pregnancy.

If you find you have type 2 diabetes, or develop it between pregnancies, it is important to plan for your next pregnancy. Before you get pregnant;

- Have good sugar control
- Take folic acid (a vitamin) daily

Both of these will help reduce the risk of baby having problems with development in early pregnancy. Your family doctor can advise you about these.

Please bring this pamphlet and get your midwife to discuss it with you. Feel free to ask any other questions you may have.

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## Diabetes in pregnancy.

During pregnancy your body goes through lots of changes to give your growing baby all that it needs to be healthy. Sometimes your body has problems making these changes.

One of the problems is called **gestational diabetes**. Gestational is a word that means 'in pregnancy'.

- Usually diagnosed (found) between 24 and 28 weeks of pregnancy because of high hormone levels
- Goes away once baby is born
- Will have a normal glucose tolerance test at 6 weeks after baby is born.

Some women have **type 2 diabetes** before they are pregnant but are not aware of this.

- Diagnosed whenever tested as is not caused by pregnancy hormones
- Does not go away after baby is born
- Will have an abnormal glucose tolerance test 6 weeks after baby is born.
- Most people will be a diabetic from then on.

This is what makes the glucose tolerance test (GTT) 6 weeks after birth so important.

We can give you the care and education to make any changes to your lifestyle and diet to keep you healthy. We will also let your family doctor know you have type 2 diabetes and he/she will look after you in the long term. Most people with type 2 diabetes will have this for life.

**Gestational diabetes affects about 350 women in South Auckland every year.**

Gestational diabetes happens because the hormones that the placenta (whenua) makes to keep you pregnant put stress on your pancreas (small organ beside the liver which makes insulin to break down sugars in your food). You need two or three times more insulin when you are pregnant. If your body cannot produce this amount, gestational diabetes will happen.

If you do not have treatment, it will get worse as the hormones of pregnancy keep being produced. That is why it is important you are looked after by the diabetes in pregnancy team.

### So Why me?

Some women are more at risk of developing diabetes in pregnancy. Risk factors include;

- Being overweight
- Family history of diabetes
- Over 25 years of age

- Previous diabetes in pregnancy
- Previous baby bigger than 4.5kg
- Ethnicity – Aboriginal, Maori, Pacific Island or Asian background
- Polycystic ovary disease
- Previous unexplained still birth and/or miscarriage (can be caused by diabetes)

### Risks to mum;

- Polyhydramnios (extra fluid around the baby)
- Bladder infections/fungal infections (thrush)
- Birth trauma – because of larger baby
- Higher risk of high blood pressure in pregnancy
- Higher risk of getting type 2 diabetes in the future
- Higher risk of caesarean section

### Risks to my baby;

- Macrosomia (baby large for you and your dates)
- Birth trauma – because of larger baby
- Hypoglycaemia after birth (low blood sugars)
- Respiratory distress syndrome (breathing problems after birth)
- Jaundice
- Stillbirth
- Increased risk of baby getting type 2 diabetes in the future (as a teenager or young adult)
- Premature birth

### How do we look after you and your baby?

You will be referred to the diabetes in pregnancy team which holds clinics at Manukau Superclinic.

One of the midwives will contact you and talk about

- Making changes to your diet and doing some exercise
- How the diabetes will affect you and your baby
- Testing your blood sugars at home
- Attending scans and antenatal visits
- Whether you need any medication to help you control your blood sugar levels.

### Will I have diabetes after my baby is born?

The midwife caring for you after the birth will give you a form to have the GTT done and tell you the results. This result will tell us if you have type two diabetes or had gestational diabetes. The test is very important as is getting the correct result and advice but about half of women with gestational diabetes will develop type 2 diabetes later in their life.