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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Diabetes in Pregnancy

Women's Health

Diabetes in Pregnancy

This leaflet is intended to give you additional information to that received from a healthcare professional.

WHAT IS GESTATIONAL DIABETES OR GLUCOSE INTOLERANCE?

This is the name given to a type of diabetes that can occur in pregnancy. During pregnancy there is an increase in the amount of certain hormones, which can increase your blood glucose levels. Most women will produce extra insulin to prevent the blood glucose levels rising but sometimes there is not enough extra insulin produced and the blood glucose levels rise.

Gestational diabetes affects 3% of the pregnant population. Most cases of gestational diabetes resolve completely following delivery. All mothers who are at increased risk of developing diabetes in pregnancy will be screened at 28 weeks gestation.

WHO IS AT GREATER RISK?

There is increased risk for developing diabetes in pregnancy for those who:

- have a family history of diabetes (immediate relative)
- have had gestational diabetes in a previous pregnancy
- have had previous large babies over 4.5kg

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

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WHAT ARE THE CHANCES OF DEVELOPING DIABETES IN A FUTURE PREGNANCY?

A mother who has raised blood sugar levels in one pregnancy usually presents with raised blood sugar in any future pregnancies so we recommend home monitoring of blood glucose from 16 weeks.

FURTHER INFORMATION

Should you have any questions or concerns about any of the issues raised in this leaflet, we will be pleased to help you. Please telephone 01932 722388 Monday to Friday 0900 - 1700 hours. If there is no-one available at the time of your call, please leave a message and someone will get back to you as soon as possible.

Further Information and support may be obtained from:
www.diabetes.org.uk

- are from certain ethnic groups – Asian, Middle Eastern, Afro-Caribbean, Phillipines
- are overweight (body mass index above 30)

WHEN DOES SCREENING TAKE PLACE?

We screen at 28 weeks because the pregnancy hormones mentioned rise as pregnancy progresses.

HOW DOES SCREENING TAKE PLACE?

A glucose tolerance test is performed at 28 weeks. This involves having a measured glucose drink, followed by a blood test two hours later. If you have had diabetes in a previous pregnancy we recommend home monitoring of blood glucose from 16 weeks.

WHY DO WE CHECK BLOOD GLUCOSE LEVELS?

If your blood glucose level is too high, your baby's blood sugar will also be too high. Later in pregnancy, this can lead to the baby growing too large causing difficulty in delivery. Early treatment will help prevent the baby becoming too big.

WHAT HAPPENS IF YOUR BLOOD GLUCOSE LEVEL IS RAISED?

The Diabetes Specialist Midwife will contact you and will explain the result of the glucose tolerance test. If the results are positive, you will be shown how to do finger prick testing to monitor your blood sugar levels at home. You will be given advice about diet and exercise, which will control the blood glucose levels for many women with gestational diabetes:

- avoid sugar and sweet foods
- eat high fibre food
- eat foods that are low in fat
- eat regular meals with snacks in between; try to eat the same amount of food at each meal
- see “Healthy Eating and Gestational Diabetes” leaflet

If, with dietary alterations, you are unable to control blood glucose levels, you may need insulin during pregnancy, but you will not need to continue this after delivery.

You will be asked to attend the combined obstetric and diabetes clinic. A team of a consultant obstetrician, a consultant diabetologist, a dietician, a diabetes specialist nurse and a midwife who specialises in diabetes, whom you will already have met, will look after you.

DELIVERY

If you have been treated with insulin, or the baby is large you will normally be induced by your due date. Otherwise, you can wait

for natural labour to start and you will be seen very regularly in the combined obstetric and diabetes antenatal clinic.

AFTER DELIVERY

You will be advised to monitor your blood glucose levels for 24 hrs after delivery to check your blood glucose levels have returned to normal.

You will need a fasting blood glucose level at your six week post natal check to check that your body is now handling sugar normally. It is recommended that if this six week check is normal that you have a yearly check of fasting glucose. This is because diabetes during pregnancy is a risk factor for developing diabetes later in life. This risk is increased if you are or become overweight or have a family history of diabetes. The risk is decreased if you keep to a healthy diet and keep your weight within normal limits for your height.

WHAT ARE THE CHANCES OF MY BABY DEVELOPING DIABETES?

Your baby should develop like any other baby. It is extremely rare for any baby to be born with diabetes. Following a healthy diet and taking regular exercise will help your child to grow up healthily.