



Gestational diabetes can be controlled. You can have a healthy pregnancy and a healthy baby. The key is making healthy choices while you are pregnant. This will help you get into the habit of making healthy choices after your baby is born. Just remember—the power to help manage your own and your baby's health is in your hands.

For more information, call the Ascensia Diabetes Care Customer Service Help Line at  
**1-800-348-8100**

(8:00 AM – 12:00 AM, 7 days a week,  
Eastern Time) or visit:

**ContourNext.com**

For more help in managing your diabetes, see a diabetes educator. To find an educator, visit [www.diabeteseducator.org](http://www.diabeteseducator.org)



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## What Is Diabetes?

Diabetes affects the way your body turns food into energy. Most food contains sugars and starches (carbohydrates) that your body will use for energy. Sugar is the fuel your body needs to complete activities whether it's breathing, reading, walking or running. Diabetes makes it difficult for your body to use sugar for fuel. All people with diabetes have the same problem: too much sugar in their blood. To carry sugar from your bloodstream into your cells, your body uses insulin. Insulin is a hormone made by a gland near your stomach called the pancreas. Diabetes is a condition in which the body no longer produces insulin (type 1) or the insulin that is produced is not enough or does not work effectively (type 2 and gestational). Sugar is not carried properly into your cells, causing too much to stay in your bloodstream. This is called hyperglycemia, or high blood sugar. Left untreated, high blood sugar can cause a lot of damage to your body.

## What Is Gestational Diabetes?

Gestational diabetes is high blood sugar that occurs ONLY in pregnant women who do not already have diabetes. It occurs at about the 24th week of pregnancy, when your body makes large amounts of hormones to help your baby grow. These hormones may make it difficult for your insulin to work the way it should. When this happens, your blood sugar increases.

Most women with gestational diabetes have healthy babies. However, gestational diabetes has to be treated until your baby is born. Keeping your blood sugar as close to normal as possible can help prevent problems for you and your baby.

## Am I At Risk For Gestational Diabetes?

You are at risk for gestational diabetes if you:

- Have a family history of diabetes
- Have had a baby born weighing over 9 pounds
- Had a previous pregnancy with gestational diabetes
- Are overweight or obese
- Are more than 25 years old
- Are African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander
- Are being treated for HIV

## Keeping You And Your Baby Healthy

### • Eat healthy

For anyone with diabetes, including gestational diabetes, meal planning is important to help control blood sugar. Carbohydrates like bread, rice and fruit affect your blood sugar the most.



Eating too many carbohydrates can cause you to have high blood sugar. A Registered Dietician Nutritionist (RDN) or any qualified diabetes educator can help you learn how to control your blood sugar and provide good nutrition information for you and your baby.

- **Get enough exercise**

Exercise is important when you have gestational diabetes. Talk to your healthcare team about the best kind of exercise to do while pregnant.



- **Test your blood sugar yourself with a blood glucose (sugar) meter**

This helps you and your healthcare team know how your gestational diabetes plan is working. Your healthcare team will tell you how often to test and what your blood sugar goals are. Sometimes changes in your medication, diet, and/or activity level are needed.

The table below shows the blood sugar levels recommended by the American Diabetes Association (ADA) for women with gestational diabetes. Your healthcare team may recommend different blood sugar levels for you, so ask your healthcare team to fill in your goals in the last column of the table.

	ADA Recommendations <sup>1</sup>	The Level my Doctor Recommends
<b>Before a meal</b>	95 mg/dL or lower	
<b>1 hour after the start of a meal</b>	140 mg/dL or lower	
<b>2 hours after the start of a meal</b>	120 mg/dL or lower	

References:

1. American Diabetes Association. Standards of Medical Care in Diabetes – 2015. *Diabetes Care*. 2015; 38 (1) 1 – 99.

- **Ask your healthcare team if you should test for ketones**

Ketones are left over when you have to use body fat for energy. They can be a sign that your body is not getting enough sugar for fuel.

- **Take insulin if directed by your doctor**

When you have gestational diabetes, the insulin your body makes may not be working well. Some women need to take insulin to control their blood sugar.

## Why Is Gestational Diabetes A Problem For You?

When you get gestational diabetes, other health problems can occur. Fortunately, in most cases, controlling your blood sugar may prevent these problems. Talk to your healthcare team for more information.

**Type 2 diabetes** – sometimes, diabetes is still present after pregnancy. This means you have developed type 2 diabetes.

**Cesarean section** – (also known as a C-section) is more common for women with gestational diabetes. You may take longer to recover from childbirth if your baby is delivered by C-section.

**Preeclampsia** – (also known as toxemia) is possible with gestational diabetes. If you get this condition, you will have high blood pressure, protein in your urine, swelling in your face, hands and feet, and greater weight gain.

**Polyhydramnios** – is a condition where there is too much amniotic fluid. Amniotic fluid is the liquid around the baby in the uterus. The uterus is the part of the body that holds the baby during pregnancy. Polyhydramnios can cause the baby to be born too soon.



## Can Gestational Diabetes Affect My Baby?

Yes, high blood sugar can affect your baby, but good control can lower the risk of your baby having problems.

**Macrosomia** means large baby. When your blood sugar is too high, the extra sugar gets to your baby causing the baby to make more insulin. The extra sugar and insulin make your child grow bigger and heavier than normal. Macrosomia can make it difficult for you to deliver your baby.

**Hypoglycemia** means low blood sugar. If you have high blood sugar while you are in labor, your baby will make extra insulin. After delivery, the extra insulin causes your baby's blood sugar to get too low. Your baby's blood sugar will be tested and treated, if necessary.

**Obesity** – Gestational diabetes increases your baby's risk of becoming overweight or obese during childhood or adolescence, which can lead to type 2 diabetes.

## Can I Have A Healthy Baby?

Yes, you can have a healthy baby when you have gestational diabetes. Here are some tips:

1. Follow the instructions of your healthcare team and go to all of your prenatal visits
2. Test your blood sugar as discussed with your diabetes educator or doctor
3. Follow your meal plan
4. Exercise regularly

## Will My Baby Be Born With Diabetes?

Having gestational diabetes does not cause your baby to be born with diabetes.

## Will Diabetes Go Away After My Pregnancy?

Usually, your blood sugar will go back to normal soon after your baby is born. However, your risk of getting diabetes later in life is higher when you have had gestational diabetes. It is important to stay on a healthy meal plan, maintain a healthy weight, and exercise regularly. You should have your blood sugar tested again at your 6-week check up and regularly (every 1 to 3 years) thereafter.

