Gestational diabetes

What is gestational diabetes?
Gestational diabetes is high blood sugar that develops during pregnancy. The level of sugar (glucose) in the blood is controlled by a hormone called insulin. Insulin enables body cells to absorb glucose. Partly due to hormonal changes during pregnancy, you need more insulin. When the insulin production in the pancreas is insufficient and no longer able to cope with the increased demand for insulin, blood glucose levels increase. Gestational diabetes is diagnosed by an oral glucose tolerance test (OGTT) in the laboratory.

How gestational diabetes can affect your pregnancy
The baby receives nutrients from the mother's blood through the placenta. If the mother's blood glucose level is too high, this immediately leads to high glucose intake by the baby. Due to high blood glucose levels your baby may be growing larger than usual. This may lead to difficulties during delivery. Fetal growth is monitored by ultrasound.
In addition, placenta function may be impaired when blood glucose level are fluctuating too much. Gestational diabetes does not predispose for congenital anomalies.

Consequences of gestational diabetes
It's important to maintain your blood glucose levels at or close to normal values. Blood sugar levels can be reduced by changes in diet, exercise and when needed with medication (mostly insulin injections). You will receive an advice from the dietician on how to get your blood glucose level within normal range. The dietician will explain you what carbohydrates are and how they are used by the body to produce glucose and will teach you about the composition of your food, so you can assess how to divide your glucose intake over the various meals. At your first appointment you receive a blood glucose meter and information about normal blood glucose levels and teach you how to use a blood glucose meter. We expect you to monitor your blood sugar levels four times a day; fasting glucose; one hour after breakfast; one hour after lunch and one hour after dinner. When the dietary advice does not result in the target blood glucose values, you will be instructed about temporary medication (mostly insulin therapy).

Target blood glucose values: Fasting glucose: below or equal to 5.3 mmol/l One hour after meal: below of equal to 7.8 mmol/l

Check-ups
During your pregnancy, you will have regular appointments with a gynaecologist or clinical midwife. You will have a one-time appointment at the outpatient clinic with the nurse practitioner (or internal doctor in case the nurse practitioner is not available), however additional appointments can be made if necessary. Depending on your treatment, you will have regular consultations with the dietician or diabetes nurse. Your caregivers will be available (digitally or by telephone) to advice you how to manage your blood glucose levels.

After giving birth
In most cases, blood glucose levels will be back to normal within 24 hours after delivery. If you had to use diabetic medication during your pregnancy, in most cases you will no longer need it after giving birth. However, gestational diabetes is a warning for the future. Risks of developing permanent diabetes type 2 are forty to fifty percent higher in the first 5-10 years after your pregnancy. Make sure you live a healthy life, this includes a healthy weight, sufficient exercise and a healthy diet. Moreover, you will almost always develop gestational diabetes again during a new pregnancy. When you're planning a new pregnancy, contact your general practioner.
We will ask your general practioner to monitor you because of the risk to developing diabetes type 2 in the future. Additionally we will advise you to have your blood glucose level checked at your general practioner once a year.

Contact
If you have any questions, please contact us. From Monday until Friday you can call us at 075 650 2682 from 11h45 to 12h15.
You can also use your BeterDichtbij app to ask questions. You can reach the dietician at 075 641 1672 (diëtistenpraktijk Alimentum)