Everyday life with gestational diabetes
Everyday life with gestational diabetes

We know there’s a lot to think about when you’re having a baby. And, now that you’ve been diagnosed with gestational diabetes, you’re probably feeling worried and have a lot of questions.

But the good news is that, by managing your gestational diabetes, there’s no reason why you won’t go on to have a healthy pregnancy and birth. You’ll have a diabetes healthcare team to help – and we’ll help you on your way too.

In this guide, we give you the facts about gestational diabetes and how you can treat it. We tell you what you need to do to look after yourself to stay healthy, and list the care you should get from your diabetes healthcare team.

We also hear from people like you on how they’ve managed with gestational diabetes. We give you lots of tips to make your life easier – and there’s a handy glossary and index at the back to help you get the most out of this guide.

If you find it all a bit overwhelming, there’s a lot of support available to you, so don’t be afraid to ask for help from your healthcare team. And, you can always send us an email or pick up the phone if you want to talk to us (see the back cover for ways to get in touch).

Armed with all the facts, and understanding what you and your healthcare team need to do, means you can go on to enjoy a healthy pregnancy.
Gestational diabetes is diabetes that develops during pregnancy. It develops when your insulin-producing cells can’t produce enough insulin. Or, when the insulin you do produce doesn’t work properly (called insulin resistance). This leads to high blood sugar levels (also called blood glucose levels). If it’s left untreated, high blood sugar levels can cause serious health complications to you and your baby.

Main types of diabetes

The most common types of diabetes are Type 1 and Type 2. In Type 1 diabetes, the pancreas stops making a hormone called insulin, which controls the glucose (sugar) levels in the blood. In Type 2 diabetes, the pancreas can’t make enough insulin, or the insulin it makes doesn’t work properly. This is known as insulin resistance. If diabetes isn’t treated (with medications, including insulin, and changes to diet and lifestyle), blood sugar levels tend to stay high. This can cause serious health problems.

Gestational diabetes

The type of diabetes that affects pregnant women is gestational diabetes. In the UK, approximately 16 out of every 100 women will develop it. It’s usually diagnosed from a blood test 24 to 28 weeks into pregnancy.

Women with gestational diabetes don’t have diabetes before their pregnancy – and it usually goes away after giving birth. But, in some women, diabetes may be diagnosed in the first trimester. If this is the case, they probably had diabetes before they got pregnant – and it won’t go away after giving birth.

Some women can feel vulnerable and anxious when they’re pregnant. If you’re feeling anxious, talk to your care team and ask for support.

Causes

A lot of change happens to your body during pregnancy. Along with the physical signs, the hormones you produce can make it hard for your body to use insulin properly. This puts you at an increased risk of insulin resistance, and some women can’t produce enough insulin to overcome it. This makes it difficult to use glucose (sugar) properly for energy, so it stays in your blood and the levels rise. This then leads to gestational diabetes.

Who’s at risk

You’re more likely to get gestational diabetes if you:

- are overweight or obese
- have had it before
- have had a very large baby in another pregnancy (that’s classed as 4.5kg/10lb or more)
- have a family history of diabetes (parent or sibling)
- have a South Asian, Black or African Caribbean, or Middle Eastern background.

Women can reduce their risk by managing weight, eating healthily and keeping active before pregnancy.

Having gestational diabetes can increase your risk of developing it in other pregnancies. You’re also at a greater risk of developing Type 2 diabetes later in life.

Symptoms

You may have been shocked to find out you have gestational diabetes. Many women don’t have any noticeable symptoms. Some of the symptoms of diabetes are similar to the ones experienced in pregnancy, but these are rare in gestational diabetes.

Symptoms may include:

- going to the toilet more often
- feeling really tired
- feeling really thirsty.
Meet Vicky

Vicky, a journalist from London, describes how she managed her gestational diabetes and offers her tips that may help you.

“It was Christmas Eve when the midwife phoned. “Your 28-week blood test showed high sugar levels. I’ve booked you in for an oral glucose tolerance test (OGTT), but try to stick to brown bread and rice in the meantime.” That made for a fun Christmas! But I never seriously thought I could have gestational diabetes (GDM) – I wasn’t overweight, had always eaten healthily, and was known to be a bit of a gym bunny.

At 38, I was an older mum, but I hadn’t had GDM in my first pregnancy, with my son Jack, 3, and just put the result down to the piece of cake I’d eaten the day of my blood test. The day after my OGTT, the midwife phoned again. “I’m afraid it is gestational diabetes,” she said. I burst into tears. It felt so unfair – and so overwhelming. I had very little idea what diabetes was, only that my pregnancy was now classed as higher risk.

Blood sugars

A few days later, I went to the diabetes clinic, where a nurse explained the importance of keeping my blood sugar levels stable. If they were consistently too high, there was a risk that my baby would grow too big – and there was also an increased risk of stillbirth. Pregnancy was already such a huge responsibility. Now I had this hanging over me. The day after diagnosis I had a series of appointments, where a dietitian explained that it was possible to control the GDM through diet. I’d already realised that my cake-eating days were over, but she said I’d need to limit certain carbohydrates, too. Bread, pasta, potatoes – even porridge – could now push my blood sugars up if I ate bigger portions. Luckily, I’m not a very ‘carby’ person, and a diet geared more towards protein and vegetables wasn’t a great hardship, although it meant no more ‘treats’. If I couldn’t control my blood sugars through diet I’d be put on medication – metformin, or insulin, which would mean daily injections. I was determined to make the diet work.

Testing

The diabetes nurse gave me a blood glucose testing kit, to test my sugars four times a day – before breakfast, then an hour after each meal. For a week I pricked my finger diligently and wrote down the levels, trying to keep under the maximum levels I’d been given. At first it was trial and error. A bowl of spinach soup and slice of bread was too much, as I’d forgotten I’d made the soup with potato, but I became more used to it. There was always a pause before each reading, then a beep, and I’d feel elated or guilty, depending on the result. ‘Not bad,’ was the verdict, and I was given another week’s reprieve from medication, and then another.

Moral support

I limped through the last 10 weeks of pregnancy; a renegade sandwich one week, too many potatoes another, but on the whole with my sugars well under control. Exercise helped greatly. I’d walk half an hour to work after breakfast, thereby ‘earning’ an extra spoonful of porridge. It was stressful, but I was closely monitored.

A friend also put me in touch with another mum who’d had GDM and hearing how her baby was healthy and thriving was a huge relief. After learning she’d been on insulin, I realised that I didn’t have it so bad after all. I’d really recommend newly diagnosed mums speak to other mums with, or who’ve had, gestational diabetes, if they can. The moral support really helps.”

• Read more of Vicky’s story on page 42.
Treatment

Day to day, it’s about keeping your blood sugar levels at the right level. Your healthcare team should tell your GP and you should be referred to a joint diabetes and antenatal clinic within one week. Your care team will work with you on targets for your blood sugar levels. If you meet your targets, you’re more likely to have a healthy pregnancy and reduce the risk of complications.

For some women, making changes to diet and physical activity can help them to reach their targets. But, for most women, medications – including injecting insulin – may be needed.

You and your baby will be looked after more closely during pregnancy and labour (see page 41). You should expect to have more:

• appointments with your midwife and healthcare team
• blood and urine tests
• ultrasound scans.

Possible complications

Your care team should explain to you what having gestational diabetes means for you and your baby. You are more likely to have:

• Induced labour.
• Caesarean section.
• Having a larger than normal baby, which could make for a more painful birth and possible stress for the baby.
• Your newborn having low blood sugar levels.
• Your baby having a higher risk of being overweight or obese and developing Type 2 diabetes in later life. As your child grows, managing their weight, eating healthily and being physically active will reduce this risk.

There is also a risk of your baby dying at around the time of the birth. Keeping your blood glucose levels at the right level reduces the chance of these problems.

Your care team should give you information and support about gestational diabetes and how to stay healthy during pregnancy. This should include your care team talking with you about how to check your blood sugar levels and what to aim for, advice about eating a healthy diet, the importance of daily physical activity and taking your medication, including insulin, as prescribed.

Some questions

Will I get Type 2 diabetes?

Having gestational diabetes increases your risk of developing the condition again in other pregnancies. It also increases your risk of developing Type 2 diabetes in the future. It’s important to eat healthily and take regular physical activity during pregnancy, and to keep it up afterwards. This will reduce your risk of developing gestational diabetes again, as well as your future risk of developing Type 2 diabetes.

Will my baby have diabetes?

Your baby has no more risk of developing diabetes in childhood than any other baby. But, having gestational diabetes means your baby may have a higher risk of being overweight or obese and developing Type 2 diabetes later in life.

Need to know

The right management of your gestational diabetes can reduce the risks to you and your baby. The main ways you can do this are:

• eating a healthy, balanced diet
• taking daily physical activity
• monitoring your blood sugar levels and keeping to the right levels
• taking your medication as prescribed
• getting support to look after yourself
• going to your healthcare appointments.

We talk more about all of these things here in this guide. You can also call us on our helpline on 0345 123 2399* for information, advice and support. If you’re in Scotland, call 0141 212 8710 or email helpline.scotland@diabetes.org.uk

*Calls may be recorded for training and quality purposes.
Testing

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Testing your blood sugar

When you have gestational diabetes, it’s really important to test your blood sugar levels regularly and your care team should tell you when to test.

This is likely to include, at least, before breakfast and one hour after all meals. If you’re having two or more insulin injections, you may be advised to test before all meals, one hour after meals and also at bed time. Talk to your care team for individual advice.

You should be given a blood glucose meter to test your blood sugar levels. But, if you haven’t, ask your care team for one straight away.

What it involves

Blood sugar testing tells you what the level of sugar in your blood is at that time. It involves pricking the side of your finger with a special device called a lancet, and putting a drop of blood onto a test strip. This is then read by a blood glucose meter. Everyone has glucose (sugar) in their blood, but if your blood sugar levels aren’t at the right level, this can cause problems for you and your baby.

What to aim for

It’s best to check your blood sugar levels before breakfast (fasting) and one hour after every meal.

These are the targets women with gestational diabetes are advised to aim for:

- fasting: below 5.3mmol/l.
- one hour after meals: below 7.8mmol/l.
- if you’re not able to test until two hours (rather than one hour) after a meal, you should aim for below 6.4mmol/l.

Your healthcare team will talk to you about how often to test, how to do it properly and how to safely meet your targets. You and your care team should also agree an ideal target blood sugar level that’s right for you, and is manageable without causing hypos.

If you are on insulin or the diabetes medication glibenclamide, you should be advised to keep your blood sugar above 4mmol/l, because of the risk of hypos. We talk about hypos on page 34.

Tips for testing

1. Wash your hands with soap and water – don’t use wet wipes as the glycerine can affect the test result.
2. Make sure your hands are warm – it’s easier to get blood and it doesn’t hurt as much.
3. Prick the side of the top part of your finger – not the index finger or thumb. Don’t prick the middle, or too close to a nail.
4. Use a different finger each time and a different part.
5. Keep a diary of your results – you’ll be able to spot trends and this can help you and your healthcare team decide whether your treatment needs to change.
Some questions

My doctor won’t prescribe any more test strips for me. What can I do?

Everyone with gestational diabetes should be given a blood glucose meter, so they can test their blood sugar levels at home. Testing is an important part of properly looking after your condition, so you shouldn’t have test strips restricted. Speak to your diabetes and antenatal team straight away. They should be able to help you get a prescription for the amount of test strips you need.

If you’re still having problems, call our helpline on 0345 123 2399*, Monday to Friday, 9am to 6pm, or email helpline@diabetes.org.uk

If you’re in Scotland, call 0141 212 8710 or email helpline.scotland@diabetes.org.uk

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Need to know

- Ask what your target is. It’s important to know your target blood sugar level. This lets you and your healthcare team know how you’re doing and if things can be improved.

- Medication, including insulin, food and activity levels can affect your blood sugar levels every day. If you understand how they affect your own levels, you can change what you eat, what you’re doing and get advice on your medication.
My blood sugar targets

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Treatment & management

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Healthy eating

Managing your gestational diabetes well is key to a healthy pregnancy and a healthy baby. The main way is to keep your blood sugar levels at the right level. And, healthy eating and daily physical activity play an important part. That may be enough for some women to keep their blood sugar levels at the right level. But many will also need medication, including insulin.

Eating well is an important part of your treatment, just like testing, being active and taking medication.

Ways you can eat well

Careful with carbs. All carbohydrates (carbs) affect your blood sugar levels, so be aware of how much you eat.

Your diabetes healthcare team will help you understand how carbs affect your blood sugar control. They may advise you to:

- eat less carbohydrate
- choose better types of carbs
- spread carbs over the day.

Try to go for healthy sources of carbs – things like wholegrain starchy foods, pulses, fruit, vegetables and dairy like unsweetened yogurt and milk. Avoid highly processed carbohydrate foods, like white bread, refined cereals, and ready meals that have added fat, salt and sugar.

Go low. Choosing low glycaemic index (GI) foods may help to manage your blood sugar levels. Lower GI foods include no added sugar muesli, oats, multigrain bread, granary or seeded bread, wholewheat pasta, basmati rice, yams, plantain, quinoa, beans, lentils, dhal, and most fruits and vegetables. See page 18 for more on GI.

Easy on the sugar. You can still have sugar, but try to have less. You can do this by:

- having less processed foods, especially sugary drinks, snacks and desserts.
- Reading food labels and going for low- or reduced-sugar versions of food and drink where you can.
- Knowing other names for sugar on the food label. These are sucrose, glucose, dextrose, fructose, lactose, maltose, honey, invert sugar, syrup, corn sweetener and molasses.
- Making your own treats and experimenting with using less sugar.
- Using artificial sweeteners. Some people worry about the safety of sweeteners, but they can be one way to reduce sugar, carbohydrate and calories. They are safe in pregnancy but, if you have any concerns, talk through the different options with your healthcare team.

Eat regular meals. That usually means planning for three meals a day – with or without healthy snacks – and avoiding long gaps in between. This will help you manage your appetite and blood sugar levels.

Perfect your portion sizes. This will help you manage your blood sugar levels and avoid too much weight gain during pregnancy. Talk to your healthcare team about what weight gain is right for you. Your weight may be monitored closely.

Avoid ‘diabetic’ foods. The law has changed and manufacturers are no longer allowed to label food as ‘diabetic’ or ‘suitable for diabetics’. They don’t have any special health benefits, they’re expensive, could still affect your blood sugar and may also have a laxative effect.
Enjoying what you eat is one of life’s pleasures

But if you have diabetes, it can be tricky at times.

For free, helpful advice, real-life stories and hundreds of tasty recipes, go to Enjoy Food.

You’ll find mealtime inspiration and handy tips to help you eat well, feel good and enjoy food.

Whether you’re newly diagnosed, looking for exciting new recipes or just in need of practical advice, Enjoy Food is here to help.

www.diabetes.org.uk/guide-to-diabetes/enjoy-food
Get your five a day. There are lots of easy ways you can have more fruit and veg. Try using plenty of veg to bulk up your meals, and snack on fruit or vegetable sticks instead of sweets, crisps and biscuits. But, don’t go overboard with fruit juices and smoothies – choose whole fruit or veg as much as possible and limit fruit juice or smoothies to 150ml a day. And, eat fruit throughout the day, rather than having lots in one go. A portion is:

- 1 piece of fruit, like a banana or an apple
- a handful of grapes
- 1 tablespoon of dried fruit.

More ways to eat healthily

Watch the salt. Too much salt can raise your blood pressure. All adults are advised to have less than 6g (that’s about 1 tsp) a day. About three-quarters of the salt we eat comes from processed foods, like bacon, sausages, cheese, sauces, tinned foods in brine, sandwiches and crisps. So, it’s best to limit processed foods as much as possible, and to go for lower or reduced-salt whenever you can. Try:

- Cooking with less salt. Experiment with pepper, herbs and spices to give food more flavour.
- Reading food labels (see page 24). And, watch out for cooking sauces and seasonings like soy sauce or jerk seasoning – some of these are very high in salt.
- Asking for less or no salt in your food when you’re eating out or having a takeaway.

Snack attack. If you want a snack choose plain or low sugar yogurt, unsalted nuts, seeds, fruit and veg instead of crisps, chips, biscuits and chocolates. But watch your portion sizes still – it’ll help you keep an eye on your weight.

Healthy swaps

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<td>Instead of milk chocolate</td>
<td>Instead of crisps</td>
<td>Instead of fizzy sugary drinks</td>
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<tr>
<td>try one chocolate rice cake</td>
<td>try plain popcorn with added spices or cinnamon</td>
<td>try water flavoured with mint or fresh fruit</td>
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<tr>
<td>Instead of ice cream</td>
<td>Instead of bread and dips</td>
<td>For more healthy swaps, tasty recipes and loads of food tips, go to <a href="http://www.diabetes.org.uk/gestational-food">www.diabetes.org.uk/gestational-food</a></td>
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Eat less saturated fat. Fats don’t directly affect your blood sugar levels, but choosing the right type of fat can benefit your heart health. Butter, cheese, ghee, lard and palm oil are all high in saturated fat. Swap these for small amounts of olive, rapeseed or sunflower oils and spreads. Here are some easy ways to have less saturated fat:

- reduce the amount of spread you put on bread – spread thinly
- use less fat in cooking – try grilling, boiling, baking, steaming or poaching instead of cooking with added fat, like frying
- use spray oil or measure the amount of oil you use with a teaspoon (instead of pouring it straight from the bottle)
- choose lean cuts of meat, trimming the visible fat, and removing the skin from chicken and turkey
- try low-fat options – buy semi-skimmed or skimmed milk and reduced-fat cheese instead of full-fat ones.
- check food labels (see page 24).

Stay hydrated. Water forms a substantial part of our body. Water, tea, no added sugar squash and milk all count. But remember pregnant women need to limit their caffeine intake. We also get fluid from food, especially fruit and vegetables.

Fluid is important, and it’s best to drink 8 to 10 cups or glasses of fluid a day. When you’re pregnant, you need slightly more fluid, approximately 300ml extra a day, compared to non-pregnant women. And, if you’re being sick or exercising, you will need to drink more.
Managing your weight

Evidence suggests that pregnancy isn’t the time to be on a really strict diet and weight loss should be avoided. But it’s important that your weight is monitored by your care team and you don’t gain too much weight, which could cause problems for you and your baby. Making small changes to your diet and physical activity levels can help you avoid gaining too much weight. It’ll also help you to reduce the risk of complications.

It’s important to keep going with your healthier lifestyle after you’ve had your baby. It will reduce your risk of developing gestational diabetes in future pregnancies. And, it will also help to reduce your risk of developing Type 2 diabetes, too.

Remember to ask your healthcare team to refer you to a dietitian if you haven’t already met with one.

The glycaemic index

GI stands for glycaemic index. It’s a measure of how quickly foods containing carbohydrate affect your blood sugar levels after you eat them. Some foods affect sugars levels quickly and so have a high GI, and others take longer to affect blood sugar levels and so have a low GI. Choosing low-GI carbohydrates can help to even out blood sugars.

But focusing too much on the GI of foods without looking at other aspects of your diet could lead to an unbalanced way of eating. Also, not all low GI foods are healthy choices as some are high in fat. It’s good to think of the bigger picture and choose foods low in saturated fat, salt and sugar as part of a healthy, balanced diet.

You’ll still need to think about your portion sizes. It’s the amount of carbohydrate in the meal that will affect your blood sugar levels the most. And not all low GI foods are healthy, so make sure you look at the labels and make a healthy choice. See page 24 for more on reading food labels.

Tips for GI

You can get the most out of GI by switching to a lower GI food whenever you can. Here are some ways you can do this:

- Add baked beans to your jacket potato and have it with a large green salad.
- Try wholegrain bread or wholegrain breakfast cereal, like porridge.
- Eat different types of breads, like grainy or pumpernickel bread, instead of white or wholemeal bread.
- Try a sweet potato or new potatoes with your meal, instead of a standard potato.
- Choose long, thin rice grains – basmati or wild rice – instead of shorter or sticky rice. Or, try quinoa, bulgur wheat or couscous for an even lower GI.
- Get into the habit of eating fruit and vegetables, and include plenty of veg with your meals.
- Add beans and lentils to your meals – they’re great in casseroles and curries.
- Try low-fat yogurt – but check the label for any added sugar.
Need to know

- Ask to see a dietitian, who’ll be able to help you plan a healthy diet to manage your gestational diabetes.

Some questions

Is it OK to eat fish?

Try to eat fish regularly, as it’s good for you and the development of your baby. The advice is to eat at least two portions a week, including one portion of oily fish – like mackerel, sardines, salmon, herrings, trout or pilchards. Oily fish is really good for heart health, but don’t have more than two portions a week. A portion is about 140g.

Avoid fish which tend to have higher levels of mercury, like swordfish, shark and marlin. And, don’t have more than four medium-sized cans of tuna, or two tuna steaks a week, as it can have relatively high amounts of mercury compared to other fish. To avoid food poisoning during pregnancy, it’s best to avoid raw shellfish, and there are some types of fish like wild salmon that will need to be frozen and safely defrosted before you eat them.

For more on healthy eating, tips and loads of tasty recipes, go to www.diabetes.org.uk/gestational-food – and see our recipes for breakfast, lunch and dinner over the page.
Breakfast

Microwave mug: Apple and cinnamon fruity porridge

This fruity porridge is warming, filling and quick to make – ideal for a healthy start on a cold morning.

Serves 1  Prep 2 minutes  Cook 2 minutes

Ingredients
35g porridge oats
1 tsp artificial sweetener
1 tsp cinnamon, plus pinch to top
1 small apple, chopped small
25ml semi-skimmed milk

Method
1 Add the oats, sweetener, cinnamon and apple to a mug and mix.
2 Add 100ml water and cook at full power (800W) for two minutes.
3 Add the milk, mix and sprinkle over a little cinnamon.

Apricot porridge with toasted seeds

A winter warmer served with seeds and fruits.

Serves 2  Prep 15 minutes  Cook 10 minutes

Ingredients
50g ready-to-eat dried apricots
150ml orange or apple juice
50g porridge oats
15g mixed seeds, toasted

Method
1 Place the apricots in a small pan and cover with the juice. Bring to the boil and simmer for 5 minutes.
2 Set aside for 10 minutes, then place in a food processor or blender and blend to form a purée.
3 Place the oats in a small pan, cover with 600ml of water, then place over a low heat and cook for 3 to 4 minutes.
4 Stir through half the apricot purée, divide between 2 bowls, then top with the toasted seeds and a swirl of the remaining purée.
Watermelon, butterbean and feta salad
A refreshing and colourful salad that’s quick and easy to make.

Serves 4  Prep 10 minutes

Method
1 Cut the watermelon into small slices and set aside.
2 Scatter the rocket and mint leaves over a serving platter and drizzle with the olive oil. Arrange the melon over the leaves then scatter the butter beans and feta over the top.
3 Drizzle with lemon juice and black pepper to serve.

Ingredients
- 300g watermelon flesh (with rind removed)
- 100g rocket
- 5-6 sprigs mint leaves, torn
- 2 tsp olive oil
- 400g tin butter beans, drained
- 40g feta
- juice half lemon
- good grind black pepper

Kale and green lentil soup
A nutritious soup that’s quick to make and super healthy.

Serves 4  Prep 10 minutes  Cook 30 minutes

Method
1 Put the oil in a pan over a medium heat, add the onions and stir for 7 to 10 minutes until well browned.
2 Add the carrot and celery, and cook for a further 2 to 3 minutes stirring regularly.
3 Now add the garlic, cumin, tomato purée, lentils and mix well.
4 Add the stock, bring to the boil, turn down the heat, cover and simmer gently for 12 minutes.
5 Add the kale, replace the lid and simmer a further 5 minutes, season with pepper and serve.

Ingredients
- 2 tsp sunflower oil
- 2 onions, finely chopped
- 1 large carrot, diced
- 1 stick celery, chopped
- 1-2 cloves garlic, crushed
- 1 tsp ground cumin
- 1 tbsp tomato purée
- 1 x 400g can green lentils in water (add the water, too)
- 500ml vegetable stock
- 200g Cavolo Nero (black kale) or curly kale, chopped (thick stalks removed)
- black pepper, to taste

Lunch

Each 162g serving contains (excludes serving suggestion)
- Kcal 122
- Carbs 12.8g
- Fibre 4.1g
- Fat 1.7g
- Saturates 0.3g
- Sugars 5.9g
- Salt 0.3g

Each 415g serving contains (excludes serving suggestion)
- Kcal 154
- Carbs 18.9g
- Fibre 8.2g
- Fat 3.1g
- Saturates 0.4g
- Sugars 8g
- Salt 0.9g

Portions: fruit & veg
Dinner

Spinach, corn and chickpea fritters
A perfect supper dish. Works well in pitta breads with lots of salad.

Serves 4   Prep 15 minutes   Cook 20 minutes

Method
1. Add 1 tsp of oil to a saucepan, then add the onion. Cook for 2 to 3 minutes. Add the red pepper and fry for 4 to 5 minutes.
2. Meanwhile, add the egg, spinach, cumin, chilli and sweetcorn to a bowl and mix. Stir in the onion and red pepper, then the chickpeas, gram flour and coriander.
3. Shape the mix into 8 patties.
4. Add the remaining oil to a large non-stick frying pan over a medium heat. Place fritters in the pan and flatten slightly with a spatula to about 1cm thick.
5. Cook for 3 to 4 minutes until lightly browned, then flip and repeat.

Ingredients
2 tsp rapeseed oil
1 small onion, grated
1 red pepper, finely chopped
1 egg, beaten
150g frozen spinach, defrosted, water squeezed out, roughly chopped
1 tsp cumin
1 red chilli, finely chopped
80g frozen corn, defrosted
400g can chickpeas, drained and mashed thoroughly
25g gram flour
10g fresh coriander, chopped, salad, to serve

Each 188g serving contains (excludes serving suggestion)

<table>
<thead>
<tr>
<th>Kcal</th>
<th>Carbs</th>
<th>Fibre</th>
<th>Fat</th>
<th>Saturates</th>
<th>Sugars</th>
<th>Salt</th>
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</thead>
<tbody>
<tr>
<td>114</td>
<td>15.4g</td>
<td>7g</td>
<td>4.5g</td>
<td>0.7g</td>
<td>3.3g</td>
<td>0.1g</td>
</tr>
</tbody>
</table>

Portions: 2

Mixed bean chilli
A great vegetarian chilli which can work with whatever pulses you have in your store cupboard.

Serves 4   Prep 15 minutes   Cook 20 minutes

Method
1. Heat the oil in a medium pan, add the onion, garlic, red and green peppers and chilli, fry for 3 to 4 minutes until beginning to soften.
2. Lightly crush half the pulses using the back of a fork. Add to the pan with the remaining pulses, chopped tomatoes, tomato purée, sweetcorn, cumin, oregano and pepper.
3. Bring to the boil, turn down the heat and simmer for 10 minutes. Stir through the coriander and serve with rice.

Ingredients
1 tbsp oil
1 onion, finely chopped
1 clove garlic, crushed
1 red pepper, chopped small
1 green pepper, chopped small
1 red chilli, deseeded and finely chopped
2 x 400g tin mixed pulses, drained and rinsed
400g tin chopped tomatoes
2 tbsp tomato purée
50g frozen sweetcorn (defrosted)
1 tsp ground cumin
1 tsp dried oregano
Freshly ground black pepper
2 tbsp fresh coriander, chopped

Each 361g serving contains (excludes serving suggestion)

<table>
<thead>
<tr>
<th>Kcal</th>
<th>Carbs</th>
<th>Fibre</th>
<th>Fat</th>
<th>Saturates</th>
<th>Sugars</th>
<th>Salt</th>
</tr>
</thead>
<tbody>
<tr>
<td>243</td>
<td>30.9g</td>
<td>13.4g</td>
<td>4g</td>
<td>0.5g</td>
<td>10.6g</td>
<td>0.1g</td>
</tr>
</tbody>
</table>

Portions: 4
Meet Nicole

Nicole has had gestational diabetes in both of her pregnancies

“The first time I was diagnosed (toddler is just shy of turning two) it hit me like a freight train – the idea I had done something wrong, I wasn’t looking after myself and things would have to change. In hindsight (a wonderful thing), the changes really weren’t that hard. My husband joined in and it sent me on a slightly different course after our baby was born and in preparation for baby number two. I had lost weight too, so my BMI dropped before I fell pregnant again.

Healthy eating
My gestational diabetes is probably linked to my weight and eating habits like portion sizes and sugar intake.

I haven’t had sugar in my tea or coffee for almost two years (and I won’t lie, I thoroughly miss it but I know I have to eat healthily). I wanted to avoid indigestion at all costs through pregnancy, so portion control has been key through both pregnancies. That’s not to say I don’t treat myself. I love food, cooking, sharing, serving and eating, but all in moderation and using basic common sense.

I also hope this encourages my children to look at how we eat, why we eat, why healthy food is crucial, but also hold on to a love for food that is very important at my kitchen table.

The blood sugar results in my first pregnancy were high and, as a result, I was on additional medication. I started testing my blood sugar levels at about 29 weeks, as it was delayed gestational diabetes.

This pregnancy, I started testing automatically at 17 weeks, three to four times a day. I was perfectly aware of my limitations, therefore portion control and reducing sugar were the key factors for me in making sure I didn’t have as high readings. The testing becomes second nature and, because you know it’s for the welfare of you and your baby in the short and long term, you just get on and do it. It is frustrating, but that’s all it is.”
Understanding food labels

Figuring out food labels makes it easier to eat the right things in the right amounts.

Traffic light labels

Food companies don’t have to put labels on the front of their packs. If they do, they use traffic light labels.

These tell you whether the product has low, medium or high amounts of fat, saturated fat, sugars and salt. They’re designed to let you know at a glance how healthy or unhealthy something is and make it easy to compare similar products.

**Example of a front of pack label**

<table>
<thead>
<tr>
<th>Each 254g pack contains:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Energy</strong> 2264kJ 542kcal</td>
</tr>
<tr>
<td><strong>Fat</strong> 20g</td>
</tr>
<tr>
<td><strong>Saturates</strong> 6.4g</td>
</tr>
<tr>
<td><strong>Sugars</strong> 7.6g</td>
</tr>
<tr>
<td><strong>Salt</strong> 2.4g</td>
</tr>
</tbody>
</table>

**Green** means low and a healthier choice. These foods are low in fat, saturated fat, sugars and salts. Usually, the healthier the food, the more greens on the label.

**Amber** means medium. It’s OK to have these foods some of the time.

**Red** means high. Most people like food with lots of red. But try to eat them only occasionally and in small quantities.

Most foods will have a mix of traffic light colours. Pick items with more greens and ambers, and fewer reds.

The next table (right) shows what value of fats, sugars and salts are considered low, medium or high in a food product. Lower values apply for drinks and larger portion sizes of food.

<table>
<thead>
<tr>
<th>All measures per 100g</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>3g or less</td>
<td>More than 3g to 17.5g</td>
<td>More than 17.5g</td>
</tr>
<tr>
<td>Saturated fat</td>
<td>1.5g or less</td>
<td>More than 1.5g to 5g</td>
<td>More than 5g</td>
</tr>
<tr>
<td>Sugars</td>
<td>5g or less</td>
<td>More than 5g to 22.5g</td>
<td>More than 22.5g</td>
</tr>
<tr>
<td>Salt</td>
<td>0.3g or less</td>
<td>More than 0.3g to 1.5g</td>
<td>More than 1.5g</td>
</tr>
</tbody>
</table>

The numbers for sugars don’t tell you whether the sugars are natural, like in fruit, or added by the food company when the product is being made, like sucrose, but checking the ingredients list can help.

**Portion size**

We all have a different idea of what makes up a portion of food. But, in general, the portion size on packaging is based on what an adult over 18 should eat. Still, bear in mind that your idea of a portion may be more than other people’s (or the manufacturer) so you may end up eating more calories, fat and sugar than you need. In the same way, don’t feel you have to eat a whole portion if it feels too big for you.

**On the back**

Labels on the back of food list ingredients, nutrition, known things that can cause allergies (allergens), best before or use by dates and the overall weight.

Ingredients are listed in bulk order from high to low. At the top is the ingredient there’s most of, at the bottom the ingredient with the smallest amount. So, if sugar’s at the top, then it’s high in sugar.
Reference intakes

Reference intakes, sometimes shortened to RI, can also be found on the front or the back of the packaging.

There are recommended amounts for how much sugar, salt, fat and saturated fat everyone should eat and drink each day. A reference intake label tells you the percentage that item of food will contribute to these daily targets.

In our example of a front of pack label (see page 24), the salt content of that product is 42% of your reference intake, of how much salt you should be having a day. That’s very high.

Of course, everyone is different but you should aim not to eat or drink more than the reference intake for fat, saturates, sugar and salt each day.

Tips to be label savvy

• With colour coded labels, go for green as much as possible, sometimes amber and red less often or only occasionally.
• Reference intake. It’s a percentage figure per portion. It indicates what percentage of an adult’s daily recommended amount of calories, fat, sugar and salt is in one portion of that product. You need to check how much of the pack counts as a portion so that you don’t eat more of these things than you need.
• All carbohydrates raise blood sugar levels. The labels on the front won’t tell you about carbs so you need to check on the back for the ‘total carbohydrates per 100g’. This includes carbs from starchy foods as well as sugars.
• On the front of labels, the colour coding tells you about total sugars. They don’t tell you how much of that sugar comes from natural sources (like fructose) and how much is added (like sucrose or glucose). Check the ingredients. If syrup, cane sugar, molasses or anything ending ‘ose’ is in the first three ingredients, then it’s probably high in sugar. Choose something else if you can, or watch how much of it you eat.
• Check the fibre content on the back of pack label. If you’re trying to decide between two products, it’s better to go for the one with more fibre.
• Check the manufacturer’s definition of a portion. It may be different from yours and it might well be smaller.

Some questions

What if there isn’t any nutritional information?

Not everything you buy will have nutritional information. But there’ll still be clues. Remember that the ingredients are listed from high to low, so if a fat or sugar is at the top, it may be worth looking for an alternative.
Physical activity

Exercise is part and parcel of managing your diabetes. In just the same way that you need to eat the right things, you can also help to manage your gestational diabetes by being more active.

Don’t be put off by the word ‘exercise’. You don’t have to take out a gym membership, wear lycra or take up sports if you don’t want to. But, making time to be active and making that a priority is important now more than ever. Activity helps to manage your gestational diabetes because it increases the amount of glucose (sugar) used by your muscles for energy, so it helps to lower your blood sugar levels. Also, being active helps the body use insulin more efficiently. And, regular activity can help reduce the amount of insulin you need.

Being active helps with your gestational diabetes by:
• helping you keep to a healthy weight
• helping to improve your blood sugar levels
• improving circulation
• strengthening your muscles and bones
• reducing stress levels and symptoms of depression and anxiety
• improving your sleep.

It also reduces your risk of heart disease, cancer, joint and back pain, depression and dementia.

How much to aim for

The general advice for adults is to aim for 30 minutes of moderately intense activity – or 15 minutes of vigorous activity – at least five days a week. Women with gestational diabetes should aim to take regular physical activity, such as 30 minutes of walking after a meal.

Also, try to do activities that improve muscle strength on two or more days a week. These are the government guidelines:

Moderate intensity – breathing is increased, but you can talk comfortably.

This could be walking quickly or a leisurely swim.

Vigorous intensity – you’re breathing fast and it’s hard to talk.

This could be walking briskly, faster swimming, or low-impact exercise for pregnancy.

Exercises for muscle strength

For example, carrying groceries or pregnancy yoga or pilates.

How you can move more

Walking is a great activity. Here are some ideas.

Get off the bus a stop earlier.

Walk to the shops to pick up a few items.

Have a walking meeting or catch up with friends.

Use a pedometer to keep track of your steps – aim for 10,000 a day.
Staying healthy

Alcohol
The safest option is not to drink any alcohol while you’re pregnant. Drinking during pregnancy can lead to long-term harm to your baby. The more you drink, the greater the risk.

Alcohol can also make low blood sugar hypoglycaemia (hypos) more likely, if you treat your gestational diabetes with insulin or glibenclamide.

Smoking
If you smoke, being pregnant may be the incentive to try quitting. Smoking can harm your unborn baby and makes it harder for them to get their essential oxygen supply.

Don’t forget, if your partner or anyone else who lives with you smokes, their smoke can also affect you and your baby before and after birth. You may want to talk about these risks with them.

For help to quit smoking, ask for support from your diabetes healthcare team.

• Extra help: NHS Pregnancy Smoking helpline: call 0800 123 1044 or go to www.quitnow.smokefree.nhs.uk

Need to know ★

• Find an activity you enjoy. You’re more likely to stick to it.
• Check with your healthcare team before you start anything new.
• Start slowly and gradually increase the intensity and time you spend on new activities. If you’re at risk of hypos (low blood sugar) because you take insulin or the tablet glibenclamide, test your blood sugar regularly and have hypo treatments to hand.
• Wear diabetes identification (like a bracelet or necklace) or carry an ID card. This is very important if you’re at risk of hypos.
• Remember to keep hydrated (see page 17).
The treatments you are offered will depend on your blood sugar levels and your own preference.

Many women start with changes to their diet and taking more physical activity. But if your blood glucose is very high, or does not go down enough after one to two weeks, you may be offered medication. Remember, even when medications are needed, you’ll still need to make changes to your diet and physical activity – this is essential to help you manage your blood sugar levels.

How do the medications work?

Metformin: This tablet helps to reduce the amount of glucose produced by the liver, and to make your own natural insulin work properly. It’s taken with, or after, a meal.

Glibenclamide: This tablet works by stimulating your pancreas to make more insulin. It’s taken with, or immediately after, food.

Insulin: Insulin is a hormone that allows glucose – the body’s main fuel – to enter the cells to be used for energy. It can’t be taken orally because your stomach will digest it. It’s given as an injection using a small needle just under the skin. If you need insulin, your healthcare team will teach you how to inject safely. See page 30 for more on insulin.

Side effects

All medications have side effects. You’re unlikely to experience them all and may not even experience any. The patient information leaflet – PIL – will tell you about possible side effects. If you do have any of them, speak to your healthcare team or pharmacist.

Tips for remembering your meds

1 Make a schedule. If you take more than one medicine, make a schedule showing when to take them each day and in the best order. Ask your pharmacist to help.

2 Use a pill box. Get one that has separate days of the week – you can get organised a week at a time.

3 Devices that show you how long since you injected can be bought for insulin pens.

4 Keep your meds handy. Keep them somewhere you will see them (but away from children’s reach) – near your TV, computer or with your toothbrush.

5 Use an alarm. Set reminders on your phone or computer.

6 Make a note to order repeat prescriptions.
**Need to know**

- Discuss all the treatments with your healthcare team.
- Report any side effects of your medications.
- Don’t stop taking your medications without talking to your healthcare team.
- Get your Maternity Exemption Certificate which entitles you to free NHS prescriptions. Ask your GP or midwife for a form.

**Some questions**

**My medication says it’s not suitable during pregnancy. So why has it been given to me?**

Even though the patient information leaflets (PIL) for metformin and glibenclamide say that they shouldn’t be used during pregnancy, both are safely used in the UK to help manage diabetes in pregnancy and breastfeeding.

There’s strong evidence for their effectiveness and safety. Your diabetes healthcare team will consider the benefits to your blood sugar against any potential harm. Talk to your healthcare team if you have any worries.
Your healthcare team may talk to you about using insulin to get your blood glucose at the right level. This doesn’t mean that you’ve developed Type 1 diabetes. You still have gestational diabetes, which is treated with insulin. Changing your treatment doesn’t change your diagnosis.

How it’s taken

You’ll need to inject insulin with a syringe or a special pen. Your healthcare team will show you how. The places to inject are usually the thighs, buttocks and abdomen. You may be able to inject into your upper arms, but check with your diabetes team first as this isn’t always suitable.

These are the steps you’ll be shown:

- Decide where you’re going to inject.
- Make sure your hands and the place that you’re injecting are clean.
- If you’re using a pen, squirt out two units of insulin into the air. This makes sure the top of the needle is filled with insulin.
- If the nurse has told you to do this, lift a fold of skin (but not so tightly that it causes skin blanching or is painful), then insert the needle at a 90-degree angle. You shouldn’t need to pinch up, unless you’re very thin – check this with the nurse beforehand.
- Put the needle in quickly.
- Inject the insulin. Make sure the plunger (syringe) or thumb button (if using a pen) is fully pressed down and count to 10 before removing it.
- Let go of the skin fold (if you’re doing this) and dispose of the needle safely.
- Always use a new needle. Reusing a needle makes it blunt and painful to inject with.

Tips for injecting

If you’re finding it difficult or painful to inject, then speak to your nurse who’ll be able to help. It shouldn’t hurt much and, as you get better at it (and less worried), it will hurt even less. With confidence, it’ll become second nature.
**Need to know**

- Change the place you inject. Don’t go to the same place – rotate where you inject. This stops the build-up of small lumps under the skin. These lumps don’t look or feel very nice, and they make it difficult for your body to absorb the insulin properly.

- Always dispose of needles in a special sharps disposal bin, not a rubbish bin. It’s also where you need to put used lancets (the device used for a blood sugar test).

- Sharps disposal bins and needle clippers are free on prescription. Talk to your clinic about how to dispose of the boxes when they’re full.

**Some questions**

**Can I inject into my abdomen?**

You may be worried about injecting in this area while pregnant, but with a short (4–6mm) needle, you can inject insulin into the fatty layer safely. Avoid the area too close to your belly button. Speak to your healthcare team if you have concerns.

**Will injecting into my abdomen hurt my baby?**

Your baby is growing in the uterus, which is several layers below the skin. Insulin needles are very short and can’t touch your baby. Speak to your healthcare team about shorter needles if you’re worried.

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To order these and search other items, go to shop.diabetes.org.uk or call 0800 585 088, Monday to Saturday, 8am to 6pm.
Hypos & hypers

In this chapter
Hypos and hypers 34
An important part of managing your gestational diabetes is understanding how your blood sugar levels are affected by the food you eat, the physical activity you do and any medication you take. Then, finding the best way to keep them within the healthy range. This is a bit of a balancing act. There’ll be times when your blood sugar levels are higher or lower than your targets.

Hypos

The proper name for a hypo is hypoglycaemia, and it’s when your blood sugar level is too low. That’s usually below 4mmol/l.

Not all women with gestational diabetes will have hypos, but you’re more likely to have a hypo if you take insulin, or the tablet glibenclamide. If you take any of these, it’s extra important to know the symptoms of a hypo.

Hypo signs

They can come on quickly. Everyone has different symptoms, but the most common ones are:

- trembling and shakiness
- sweating
- becoming anxious or irritable
- becoming pale
- palpitations and a fast pulse
- lips feeling tingly
- blurred vision
- feeling hungry.

Why they happen

You can’t always know why you’ve had a hypo, but these things make them more likely:

- you’ve taken too much diabetes medicine for the amount of carbohydrate you’ve eaten
- missing a meal
- exercising more than normal (or you didn’t plan to exercise)
- drinking alcohol on an empty stomach. But, remember, advice is to avoid alcohol in pregnancy.

Treating a hypo

You need to act quickly as soon as you notice symptoms, or if a blood sugar test has shown your levels are too low.

If you don’t, it could get worse and you might become confused, drowsy, or even fall unconscious or have a fit.

If you can, treat the hypo immediately by eating or drinking 15 to 20g of fast-acting carbohydrate. This could be:

- a sugary (non-diet) drink
- glucose tablets
- sweets, like jelly babies
- glucose gel
- if you find it easier, you can have a small carton of pure fruit juice.
To find out how much you need to take, check the food label to see how much carbohydrate it contains. It’s important to check as products and ingredients, like the sugar and carbohydrate content, can change. If you’re not sure how much to take, speak to your healthcare team.

You should test your blood sugar level again 15 to 20 minutes after treating the hypo and treat again if your level is still less than 4mmol/l.

After a hypo, you may need to then eat or drink a bit more: 15 to 20g of a slower-acting carbohydrate to stop your sugar levels going down again. It could be a sandwich, a piece of fruit, cereal or milk. Or it could be your next meal if that’s due.

If you become unconscious

It’s pretty rare for gestational diabetes, but severe hypos do happen and could mean you fall unconscious. Then someone else needs to act quickly. These are the things they’ll need to do:

• Put you into the recovery position (on your side with head tilted back and knees bent).
• Call an ambulance, and tell the operator you’re pregnant and have diabetes.
• Make sure your family and friends know that they mustn’t try to give you any food or drink (or put anything in your mouth) if you’re unconscious or unable to swallow.

Always tell your healthcare team if you’ve had a severe hypo.

### Some questions

**How will a hypo affect my blood sugar levels?**

After you’ve treated one hypo, you’re more likely to have another one. That’s why it’s really important to continue regularly testing your blood sugar levels after a hypo.

### Tips for preventing a hypo

1. Don’t miss a meal.
2. Eat enough carbohydrate.
3. Eat more carbohydrate if you’re more active than normal.
4. Take your medication correctly.
5. Test your blood sugar levels regularly.
Hypers

This is when your blood sugar level is too high. That’s usually above 5.3mmol/l before a meal, above 7.8mmol/l one hour after a meal, or above 6.4mmol/l two hours after a meal. But your healthcare team will give you your own targets.

Hyper signs

Most people won’t notice symptoms if their blood sugar level is slightly high, but they can include:

- weeing more than usual, especially at night
- being very thirsty
- headache
- tiredness.

Treating a hyper

It depends on the cause. If you have them often, speak to your healthcare team about your medications and lifestyle. If your blood sugar level is high for a short time, you may not need emergency treatment. But, if it stays high, you need to:

- drink lots of sugar-free fluid
- if you take insulin, you may need to have more
- if you feel ill – particularly if you’re being sick – you must contact your healthcare team immediately.

Tips for preventing a hyper

1. Know your carbohydrate portions and how they’re affecting your blood sugar levels.
2. If you’re ill, keep taking your diabetes medication – even if you’re not eating. Contact your healthcare team for additional advice and support.
3. Be as active as possible.
4. Remember your medication and always take it correctly.
5. You may need more medication, so talk to your healthcare team.

Need to know

- Test your blood sugar levels often.
- Speak to your healthcare team if you’re having a lot of hypers.

Some questions

Why do I get hypers?

There are lots of reasons. It may be that you:

- have missed a dose of your medication
- have eaten more carbohydrate than your body and/or medication can cope with
- are stressed
- are unwell from an infection
- or from over-treating a hypo.

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What care to expect

When you have gestational diabetes, it's important to know about the care you should get. You should expect more appointments, tests and scans than other pregnant women, to make sure your pregnancy is going as smoothly as possible. You should also expect to be in touch with your diabetes and antenatal team every one to two weeks throughout your pregnancy.

Tips for getting the most out of your appointments

Before an appointment:
1. Decide what you need to know and make a note of a few questions, and write down points you want to talk about.
2. Take things you think will be useful, like your blood sugar results or a list of your medications.
3. Ask if you’ll need any tests before going to the appointment.
4. Ask if you need to bring anything with you, like a urine sample.

During an appointment:
1. Listen and ask questions. Don’t be shy to ask questions if you don’t understand anything, or if you need more clarification.
2. Take notes to help you remember what’s been said.
3. Ask for your test results and what they mean.
4. You can take someone with you to help with questions and remembering what’s said.
5. Check that everything you wanted to talk about has been covered.
6. Make a plan with your healthcare professional about what should happen next.
7. Ask who you should contact if you have more questions.
8. Ask if there’s any support available in your local area.

After the appointment:
1. Go over what was said. Make a note of anything you need to do before your next appointment.
2. Put your next appointment in your diary.

Appointments

One of the most important things you can do to make sure you have a healthy pregnancy is to make regular appointments with your healthcare team – and go to them.
During labour and birth

Women with diabetes are advised to give birth in a hospital. That’s because it’s easier to solve any problems that may happen.

You should be advised to have your labour induced, or a caesarean section if this is the best option for you, before 41 weeks of pregnancy (if you have not had your baby by this time). You may be advised to have your baby earlier than this if there are complications, such as high blood pressure or a big baby.

During labour and birth, your blood sugar levels will be monitored at least every hour to make sure they’re between 4–7mmol/l. If your levels aren’t in this target, you may need a drip.

After birth, your baby will be kept with you unless the team has any concerns. Your baby will need to be fed soon after birth (within 30 minutes), and then every two to three hours. Your baby’s blood sugar level will be tested every two to four hours to help stop it from going too low. They’ll also be monitored closely to make sure everything else is OK. If your team has any concerns, they may move your baby to a special unit (neonatal unit). You and your baby will be monitored in hospital for at least 24 hours before you can go home. And, your healthcare team will have to be satisfied with your baby’s feeding and blood sugar levels.

Care after your pregnancy

Most women’s blood sugar levels go back to normal after labour. So, if you’re taking diabetes medication, it will be stopped straight after birth. But, in some cases, pregnancy uncovers existing diabetes, so some women will need to carry on with their treatment.

After having gestational diabetes, you’re at an increased risk of developing it in future pregnancies. You’re also more likely to develop Type 2 diabetes later on.

Need to know

- If you’re not sure who the members of your healthcare team are, ask your midwife or GP.
- Go to all your appointments.
Vicky’s story
(continued from page 5)

“There were some advantages to having gestational diabetes – I had far more scans than a second-time mother usually would. I also stayed relatively svelte. I did turn into a sugar killjoy, though, and made my family suffer disgusting pancakes made from ground almonds and coconut oil.

My biggest worry was my unborn little boy, but the consultant was very reassuring, and said there was no reason I couldn’t have a full-term natural birth, as my sugar levels were under control, and the baby was growing normally. I requested an induction at 39 weeks though, knowing I’d feel so much happier when my baby was on the outside. Thomas arrived, a healthy 7lb 1oz and with no blood sugar issues.

Higher risk
Six weeks later, I had a follow-up blood test, which showed my blood sugars were back to normal, although I’ll have to be tested every year for diabetes. I know I’m at higher risk of developing Type 2 diabetes now, which is a worry, but also an incentive to keep healthy. I get lots of exercise running around after Jack and Thomas, now one, and if I do have the occasional treat, I make sure I savour every mouthful!”

But there are ways you can reduce these risks:

1. Look out for any symptoms of diabetes and see your GP or nurse if you’re worried. Symptoms may include:
   - going to the toilet more often, especially at night
   - extreme tiredness
   - increased thirst
   - unexplained weight loss
   - slow healing of cuts and wounds.

2. Continue with healthy eating and regular physical activity.

3. Find ways to manage your weight. Get support if you need to lose weight – ask to see a dietitian or join a weight-loss group.

4. During any future pregnancies, tell your healthcare team that you have a history of gestational diabetes. You’ll be given a blood glucose meter to test your blood sugar level at home, and an earlier test at the clinic to check whether you’ve developed it again.

You should also have your blood sugar levels checked regularly. This includes being offered a blood sugar test between six and 13 weeks after birth, then a blood sugar test every year.

If your blood sugar levels are high six weeks after birth, you’ll be diagnosed with Type 2 diabetes. You’ll then get ongoing care and treatment. If you’re not diagnosed with Type 2 diabetes, you’ll have regular reviews to monitor your risk and an annual blood sugar test (called a HbA1c test).

If you’re diagnosed with Type 2 diabetes, you can order our free guide, Everyday life with Type 2 diabetes. Call 0800 585 088, or download at shop.diabetes.org.uk
Your checklist

We know it’s a lot to take in when you’re diagnosed with gestational diabetes. This checklist will help you make sure you’re getting the right care and information:

☐ Make sure that you understand gestational diabetes and how it’s treated.

☐ Ask for a blood glucose meter and agree on your targets.

☐ Make sure that you have a Maternity Exemption Certificate, which will make sure you get free prescriptions. Ask your GP or diabetes healthcare team, if you don’t already have one.

☐ Make sure you know the members of your healthcare team and what they do to help you.

☐ Ask to see a dietitian to talk about your diet and physical activity.

☐ Make sure you know who to call if you need extra help and support.

☐ Make sure that you understand how to treat hypos and a hypers.
Blood sugar levels Also called blood glucose levels. A measure of how much sugar is in the blood.

Blood glucose meter A device that measures your blood sugar levels. It also stores the results.

Carbohydrate One of the body’s main sources of energy, which is broken down into glucose (sugar).

Diabetes healthcare team The healthcare professional team that helps you look after your diabetes. It can include doctors, nurses, dietitians and midwives.

Free sugars Includes any added or ‘hidden’ sugar, as well as the ‘natural’ sugars in honey, syrups and fruit juices. It doesn’t include the sugar in milk (lactose) and fruit (fructose).

Glibenclamide Medication that increases the amount of insulin produced by the pancreas.

Glucose The main sugar in the blood, which the body uses for energy – the essential fuel for the brain. Also called blood glucose or blood sugar.

Hormone A chemical substance that acts like a messenger. It’s made in one part of the body and then travels to other parts of the body where it helps control how cells and organs do their work.

Hyperglycaemia (hyper) (hy-per-gly-see-me-a) When your blood sugar levels are too high. Often called a hyper.

Hypoglycaemia (hypo) (hy-po-gly-see-me-a) When your blood sugar levels drop too low (below 4mmol/l). Often called a hypo.

Insulin The hormone that keeps blood sugar levels under control.

Insulin resistance When insulin can’t be used properly and so isn’t effective enough at lowering blood sugar levels.

Lancet A finger-pricking needle used for getting a drop of blood to test blood sugar levels.

 Macrosomia A larger than normal baby, which can mean a more difficult/painful birth.

 Maternity Exemption Certificate (Matex) A certificate, or card, which gives pregnant women and mothers who’ve had a baby in the last 12 months free NHS prescriptions and dental treatment.

Metformin A common medicine used to treat Type 2 diabetes by reducing the amount of glucose that the liver releases into the bloodstream.

Neonatal hypoglycaemia When a newborn baby has low blood sugar levels.

Pancreas A gland near the stomach that secretes the hormone insulin.

Patient Information leaflet (PIL) Leaflet that comes with medicines containing specific information about the medicine, including doses and possible side effects.

Reference intakes Guidelines based on the approximate amount of nutrients and energy you need for a healthy, balanced diet each day.

Type 1 diabetes The condition where the insulin-producing cells in the body have been destroyed and the body can’t produce any insulin.

Type 2 diabetes The condition where the body doesn’t make enough insulin, or the insulin made isn’t working properly. This causes glucose (sugar) to build up in the blood.
Who we are

We are Diabetes UK. Our vision is a world where diabetes can do no harm.

Diabetes affects more people than any other serious health condition in the UK. More than dementia and cancer combined. That means we need to take action now.

Because we’re the leading UK charity for people affected by diabetes it’s our responsibility to lead the fight against the growing crisis.

And this fight is one that involves all of us – sharing knowledge and taking diabetes on together. Until we achieve our vision.
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*Monday to Friday, 9am to 6pm. The cost of calling 0345 numbers can vary according to the provider. Calls may be recorded for quality and training purposes.