

WHAT IS GDM?

GDM is the result of your body not using glucose (blood sugar) properly. Glucose is your body's main source of energy. Although the body can make glucose, a large amount comes from the foods you eat.

Insulin is a hormone produced by the body to help your cells use glucose. If your body cannot produce enough insulin to meet your needs, glucose cannot be used by your cells and it accumulates in the blood. This is what happens when you have GDM.

GDM develops because the placenta produces hormones during pregnancy. These hormones can interfere with your body's ability to use insulin. As the placenta grows, it produces more and more hormones which make it harder for you to regulate your insulin levels. Usually, a mother's body will adjust to produce more insulin but sometimes it just cannot make enough to keep blood sugars in normal range. The result is GDM.

AFTER DELIVERY

In 98% of women with GDM, the condition disappears when their baby is born.

To reduce your risk of developing diabetes later on, it is still important to maintain a healthy lifestyle through a healthy diet, regular exercise and reaching a healthy body weight. Between 6 weeks and 6 months post-partum please arrange for your doctor to send you for a repeat oral glucose tolerance test to follow-up to your blood glucose control.

CONTACT INFORMATION

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Gestational Diabetes & Healthy Babies

INTRODUCTION

Gestational diabetes mellitus (GDM) is one of the most common complications of pregnancy, appearing in up to 5% of all pregnancies. It usually develops in the middle of the pregnancy, between the 24th-28th weeks.

While GDM will last for the rest of your pregnancy, your baby will not be born with diabetes. There is a 98% chance that your diabetes will disappear after you have the baby.

Your gestational diabetes care plan will require adjusting your diet, exercise and monitoring your blood sugar levels. You will need to visit your GDM healthcare team regularly (weekly-biweekly), You may also require insulin to manage your blood sugars.

YOUR HEALTH- CARE TEAM

At the JBH Gestational Diabetes Clinic, you will be seen in a multidisciplinary format. Your care team will include an Obstetrician, a Doctor of Internal Medicine, a Diabetes Nurse Educator and a Diabetes Dietitian Educator.

RISK FACTORS FOR GDM

- Previous diagnosis of GDM
- Previous delivery of a baby weighing more than 4200 g (8 lbs, 13 ounces)
- Member of a high-risk population (Aboriginal, Hispanic, South Asian, Asian or African descent)
- Age greater than 35 years
- Obesity
- Family history of diabetes

FETAL RISKS

If you have poorly controlled GDM, your baby has an increased risk of weighing 9 lbs or more. The medical term for this is macrosomia. This may complicate your delivery.

Uncontrolled GDM can also put your baby at increased risk for breathing problems, low blood sugar levels after delivery and jaundice.

MANAGING YOUR BLOOD SUGAR

Your blood sugar level is affected by many factors such as your diet, activity level, amount of insulin you produce and even stress. Keeping track of your blood sugars and diet will help your health-care team determine how and why your blood sugar may change over time so that you can better control it.

Controlling your blood sugars requires you to:

1. **Test** your blood sugar 4 times per day using a glucometer.
2. Modify your **diet** to distribute your carbohydrate intake throughout the day.
3. Keep active. Moderate amounts of **exercise** help your body lower your blood sugar.
4. Potentially, **insulin**: if your blood sugars remain high despite following diet and exercise recommendations, you may need insulin to help keep your blood sugars in target range.