

Minimising your risk of developing GDM

It is important to follow a healthy eating plan, maintain or achieve a healthy weight, and be physically active to minimise your risk of developing GDM.

Eat healthy foods

Your diet should be varied and balanced to provide the nutrients needed during pregnancy. For example:

- Eat plenty of fruit and vegetables. Go for 2 & 5.
- Base each meal on a carbohydrate e.g. grains, cereals fruit, pasta and rice.
- Choose foods high in fibre.
- Choose foods low in fat, particularly saturated fat.
- Choose low fat dairy products.
- Choose lean protein foods e.g. meat, chicken, fish, legumes.
- Ensure you take a supplement of 150 micrograms of iodine daily.
- Choose a diet moderate in carbohydrate e.g. grains, cereals, fruit, pasta and rice.

Physical activity

It is recommended that you participate in physical activity for 30 minutes on most days of the week. This can be broken down to 3 x 10 minute sessions or 2 x 15 minute sessions. It does not all have to be done at once – but it all adds up.

Examples of safe exercise are:

- walking
- swimming – choose a stroke you are comfortable doing
- low impact pregnancy aerobic classes
- water exercise classes – provided the water temperature is not more than 28 degrees
- pilates
- yoga.

Remember, before starting or continuing any form of physical activity, always check with your doctor or midwife.

Remind your class instructor that you are pregnant.

Useful information

Australasian Diabetes in Pregnancy Society – www.adips.org

National Diabetes Services Scheme – www.ndss.com.au

You2 Program – www.you2.org.au

Diabetes Queensland – www.diabetesqld.org.au

Diabetes Australia – www.diabetesaustralia.com.au

Australian Dietary Guidelines – www.eatforhealth.gov.au

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What is... gestational diabetes mellitus?



08/2013



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What is gestational diabetes mellitus?

Gestational diabetes mellitus (GDM) is a type of diabetes that occurs during pregnancy and usually goes away after the baby is born.

About 5–9 per cent of pregnant women will develop GDM around the 24th to 28th week of pregnancy.

If not managed, GDM can have significant effects for you and your baby.



Who is at risk of GDM?

- previous elevated blood glucose level
- women ≥ 40 years of age
- women with a family history of diabetes
- women who are overweight – BMI > 25
- certain ethnic groups: Asian, Indian, Indigenous Australians and Torres Strait Islanders, Pacific Islander, Maori, Vietnamese, Chinese, Middle Eastern, Polynesian, Melanesian
- women who have had GDM in a previous pregnancy
- previous large baby $> 4500\text{g}$
- women with polycystic ovarian syndrome
- women taking certain medications e.g. corticosteroids, antipsychotics.

If you checked any of the above, you are at risk of developing GDM.

How is GDM diagnosed?

GDM can occur in women with no risk factors therefore it is recommended all women be screened in every pregnancy.

At 24–28 weeks, a fasting oral glucose tolerance test (OGTT) should be offered. There is no need for a three day high carbohydrate diet before the OGTT.

This test can be performed earlier if there are significant risk factors present or there is a clinical indication.



How is GDM treated?

The management and treatment of GDM is a team effort, involving the woman and her partner, her GP or obstetrician, endocrinologist (a doctor who specialises in diabetes), diabetes educator, dietitian and midwife.

Special attention is paid to home blood glucose monitoring, diet and physical activity. Sometimes insulin injections or tablets may be needed.

Your treating doctor will discuss with you which treatment option is more suitable for you.

How does GDM affect the baby?

As glucose crosses the placenta, the baby is exposed to the mother's high glucose level and this can cause the baby to grow larger and fatter.

Untreated or uncontrolled GDM can mean problems for your baby such as:

- being born very large and with extra fat; this can make delivery difficult and more dangerous for the baby
- low blood glucose levels after birth
- breathing problems
- requiring admission to a special care nursery
- feeding problems
- problems maintaining body temperature
- an increased risk of developing diabetes or obesity later in life.

When GDM is well managed, these risks are greatly reduced.

