

## Gestational Diabetes

### What is Gestational Diabetes?

- Your body produces a hormone called insulin that allows the body to use glucose (sugar). During pregnancy your body is naturally more resistant to insulin. Most pregnant people make more insulin to compensate and keep their blood sugar levels normal. When your body cannot produce enough extra insulin to keep your blood sugar levels normal, a condition called gestational diabetes is diagnosed.
- Gestational diabetes affects between 2-10% of pregnancies in the United States. It usually goes away after delivery.

### Why is Gestational Diabetes a problem in pregnancy?

- If gestational diabetes is not adequately controlled, extra glucose from your body is transferred to the baby. The baby turns extra sugar into fat. This can increase your baby's chance of having obesity, heart disease, and diabetes later in life.
- During birth and immediately after birth it can also lead to complications including:
  - Giving birth to a large baby. This can increase complications during the delivery.
  - Neonatal hypoglycemia (when babies blood sugar is low after delivery)
  - Stillbirth (a baby who dies before being born), is very rare now in women with gestational diabetes because of good blood sugar and careful monitoring during pregnancy.

### Management of Gestational Diabetes

- Most women are able to control their blood sugars by making changes to the diet and lifestyle:

#### 1. Begin monitoring your blood sugar levels

- Your midwife will send a prescription to your pharmacy for a glucometer (glucose testing machine), test strips and lancets (small plastic device with a needle to poke your finger). Once you have your supplies, you should begin testing your blood sugars that day.
- Your midwife will also send a referral to our diabetes educator at the hospital. They should call you to set up an appointment. The diabetes educator can help you adjust your diet to improve your glucose levels.
  - Diabetes education phone number: 970-764-9772
  - Feel free to call their office to set up your appointment if you have not heard from them
- You will test your blood sugar four times per day.
  - 1st test: "Fasting blood sugar" this is your blood sugar when you wake up in the morning before you have had any food or beverages.
  - 2nd, 3rd, 4th tests: "Postprandial blood sugars" these are your blood sugars after eating a meal. Ideally you will test your blood sugar 2 hours after eating breakfast, lunch and dinner.
- Blood sugar goals
  - Fasting blood sugar
    - Fasting blood sugars should be less than 95mg/dl

- Postprandial blood sugar
  - 2 hours after your meals your blood sugar should be less than 120mg/dl
- How to check your blood sugar
  - Wash your hands or clean one of your fingers with an alcohol wipe
  - Make sure your hands are warm (this helps improve blood flow)
  - Use the plastic lancet to poke one of your fingers
    - Rotate fingers so one finger does not become too sore
  - Wipe away the first drop of blood with a clean cotton ball
  - Collect the next drop of blood with a new test strip
  - Insert test strip into your glucometer
  - Record your number on the provided log
  - It is also helpful to write down what you ate in the provided space. This can help identify foods that cause high blood sugar and reduce them in your diet

## **2. Make necessary diet changes**

- Eat three meals per day and three-four healthy snacks.
- Eat every two to three hours
- Eat a bedtime snack
- Please remember that *every body is different* and this is general guidance. Talk to the midwife/diabetes educator about your regular diet and we can work together to individualize your diet
- Foods to avoid
  - Sweet desserts- candy, cake, cookies, ice cream, donuts, jams/jellies, syrups
  - Presweetened drinks- soda, sweet tea, juice
- Foods to include
  - Proteins
    - Pork, chicken, fish
    - Eggs
    - Nuts, seeds
    - Peanut or almond butter
  - Dairy
    - Cheese
    - Milk or almond milk
    - Yogurt (make sure it is not sweetened) or cottage cheese
  - Vegetables
    - Salad greens, kale
    - Broccoli
    - Carrots
    - Green beans
  - Healthy fats
    - Olive oil
    - Avocados
- Foods to eat in moderation
  - Carbohydrates/starchy foods
    - Foods like bread, rice, pasta, potato, corn, cereal will increase your blood sugar especially when eaten in large quantities or without a protein.

- Try to eat smaller portions of carbohydrates and try to choose whole grains when possible
  - Examples of whole grains
    - Brown rice, chickpea pasta
- Fruits and fruit juice
  - Limit fruit servings to a small piece of fruit or ~ 1 cup at a time
  - Avoid fruit juice or limit to ½ cup or 4 ounces at a time
  - Choose low glycemic index fruits like apples, berries, grapefruit
  - Avoid high glycemic index fruits like pineapple, banana, watermelon

### **3. Exercise**

- Try to get 30 minutes of exercise on most days.
- Research has shown that after walking 10 minutes after each meal, blood sugar levels were an average of 12% lower than when walking a single 30 minute walk each day.

### **4. Drink plenty of water**

- Drink at least 60 ounces of water daily

### **5. Follow up with the midwives**

- After your initial diagnosis of gestational diabetes, the midwives will want to be in touch within 1-2 weeks to check on your blood sugar levels. We may schedule a phone or in person visit to follow up.
- Please have your blood sugar logs available during your appointments.
- Either
  - Bring a paper copy
  - Email a copy to [southwestmidwives@gmail.com](mailto:southwestmidwives@gmail.com)
  - Fax a copy to 970-247-5545

### **6. Medication management**

- If your blood sugar levels are well managed, you may not need any additional intervention in your pregnancy (ultrasounds, monitoring, induction). These recommendations are unique to each pregnancy and should be discussed with your midwife at a visit.
- About 15% of women with gestational diabetes will need medication. If you continue to have many elevated blood sugar levels after changing your diet and lifestyle, you may need medication. The midwives will discuss your options for medication with you. The first line of medication is an injection called insulin. The midwives do not prescribe insulin.

### **Resources**

- **Books**
  - **Real Food for Gestational Diabetes- Lily Nichols**
    - Visit Lily Nichols' website here: <https://lilynicholsrdn.com>