Salad, vegetables, meat, cold meats, and cheese do not increase the blood sugar level, however, too much meat, cold meats and cheese can lead to weight gain – salad and vegetables do not cause weight gain. Your diabetes advisor will tailor the guidelines from the expert medical bodies to your individual needs.

You will follow the results of your efforts by documenting your daily blood sugar testing findings. In the first few weeks, you will test four times each day, the number of tests will decrease later. You will document the results in a diary that you will be given. At your next appointment, your data will be compared with the target levels for pregnant women. There may be a discussion in some families about the target levels because non-pregnant adults do not need to maintain their blood sugar levels as low as those of a pregnant woman.

Target Level: Before a meal 65-95 mg%

1 hour after the begin of a meal below 140 mg%

Don't worry; a one-time deviation from these levels does not automatically mean that treatment with insulin is indicated. However, if the levels are elevated often and diet counseling does not lead to a notable improvement, it may be necessary to administer insulin for the duration of the pregnancy. Insulin is injected independently by the patient; the dosage is based on the doctor's recommendation. It is normal that the need for insulin will increase during pregnancy and does not mean that you are doing anything wrong. In these cases, the prescribed dosage will need to be increased.

After consulting with your gynecologist, you can continue with physical activity during pregnancy, and your diet and eventual insulin treatment should be adapted to compensate for this.

What happens after giving birth?

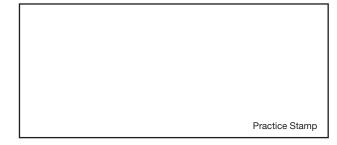
Women with gestational diabetes should give birth at a clinic to allow the child to receive pediatric care immediately.

Scientific studies have conclusively shown that breastfeeding has a protective effect and can notably reduce the risk of diabetes and obesity for both mother and child.

In most cases, there is no diabetes after giving birth. Only 5 out of 100 women will need to continue taking medication after giving birth.

However, 4 out of 100 women will again develop gestational diabetes during any future pregnancy! Therefore, you should return to your diabetologist 3-6 months after giving birth for a check-up, also continue with a healthy balanced diet as well as being physically active.

Please contact us if you have any questions:



Content and Layout:

Interdisciplinary Diabetes Quality Circle Recklinghausen
District, represented by
KfH Dr. Brigitta Hofebauer-Mews, Recklinghausen
Dr. Gabriele Altenburger, Datteln
Dr. Joachim Thiel, Marl
Dr. Ansgar Busert, Recklinghausen

GESTATIONAL DIABETES



INFORMATION FROM THE
GYNECOLOGISTS
DIABETOLOGISTS
GENERAL PRACTIONERS AND
PEDIATRICIANS OF THE
RECKLINGHAUSEN DISTRICT





What is gestational diabetes?

Gestational diabetes is a disorder which affects the sugar metabolism that develops during pregnancy. The hormone insulin plays an important role in the condition.

Insulin's main function is transferring sugar (glucose) from the blood to the body's cells, thereby, managing the blood sugar level.

Hormone-related changes during pregnancy cause an increase in the body's need for insulin.

Some pregnant women are unable to produce enough insulin or the effect of insulin on their cells is reduced. As a result, sugar remains in the bloodstream causing the blood sugar level is be too high.



How and when is gestational diabetes diagnosed?

Gestational diabetes is far more common than most people think. It is the most common disease to develop during pregnancy with 7-8% of pregnant women affected.

Every pregnant woman should undergo screening for gestational diabetes between the 24th and 28th weeks of pregnancy. The screening test is part of standard pregnant care and is free of charge.

This test does not require the patient to have an empty stomach, and it can also be carried out at any time of the day. After arriving at the medical practice, you are given a drink made up of 200ml water and 50g glucose. One hour later, a blood

sample is then collected to determine the blood sugar level. If the blood sugar level is found to be above 135mg/dl, then the screening result is deemed to be irregular

An irregular finding does not automatically mean that you have gestational diabetes; this is definitively determined during further testing a few days later. For a second test, you must have arrive with an empty stomach, the glucose solution has a different dosage, and a total of three blood tests are carried out.

The threshold glucose levels are as follows:

- On an empty stomach: up to 92 mg/dl
- After 1 hour: up to 180mg/dl
- After 2 hours: up to 153 mg/dl

A patient is diagnosed with gestational diabetes when one or more of these thresholds is met or exceeded.

What are the effects on the mother and child?

With gestational diabetes, a pregnant woman has elevated blood sugar levels which cause the child to absorb more sugar and produce too much insulin. This leads to excessive growth in the womb.

In turn, this increases the risk of complications during delivery and the rate of cesarean section. Also, there is a higher risk of premature birth.

During the postnatal phase, these children often have adaptive difficulties and suffer from low blood sugar because there were exposed to high blood sugar levels in the womb. Many of these children require specialist pediatric care, and some will have to be transferred to the pediatric clinic. Women with gestational diabetes have a higher risk of developing urinary tract and vaginal yeast infections. Additionally, the risk of developing preeclampsia is increased which may require inpatient medical care.

However, being diagnosed with gestational diabetes is no reason for excessive concern. With treatment to reduce the blood sugar to normal levels, the pregnancy will proceed as normal!

What is the treatment comprised of?



There is a safe course of treatment available for both for you and your child. In every town, there is a specialist diabetes practice which cooperates closely with your gynecologist and who will accompany you, along with the midwife and obstetrician, throughout your pregnancy.

Alongside the diabetologist, a diabetes advisor is an expert who will discuss all the essential aspects of your condition and your treatment with you. For example, as part of your consultation, the following terms will be explained to you:

Sugar, carbohydrates, protein, fat, bread units, sugar substitutes or artificial sweeteners

The correct composition of your nutrition is the first step. A healthy balanced diet is essential. You and your family may be surprised to hear: Too much fruit is not good. Fruit contains high levels of sugar. Fruit juice contains the same amount of sugar as soft drinks and should be avoided altogether. Large portions of ice cream, sweets or cake can increase your blood sugar to such an extent that it may affect your unborn child. Fluid intake is important, and water and unsweetened tea are best.