

YOUR GUIDE TO GESTATIONAL DIABETES



DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

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LIVING WITH GESTATIONAL DIABETES

For many women, being pregnant is a special and unforgettable experience. But if you've been diagnosed with gestational diabetes, it can feel overwhelming at first to work through what this means for you and your baby.

That's why we've put together this useful guide. It tells you all you need to know about managing your condition. From advice on diet and getting active to checking your blood sugar, managing hypos, getting the right emotional support and more.

If gestational diabetes is left untreated, it can cause complications for you and your baby. But the good news is that, with the right care and support, there's every reason to expect you'll have a healthy pregnancy and birth. At every stage, you'll be supported by a healthcare team who will be there to answer more detailed questions and advise on what to do throughout your pregnancy. So you can enjoy peace of mind that you're doing the right things for you and your baby.



WHAT IS GESTATIONAL DIABETES?

You might have heard of other types of diabetes, like type 1 and type 2. Gestational diabetes is diabetes that develops during pregnancy.

It's usually diagnosed from a blood test 24 to 28 weeks into pregnancy that shows high blood sugar levels. For most women, gestational diabetes goes away after the birth, but there is a risk that you could develop type 2 diabetes. We'll talk about steps you can take to reduce the chance of developing type 2 later in this booklet.

What causes gestational diabetes?

During your pregnancy, your body produces lots of extra hormones. Some of these hormones make it hard for your body to use insulin properly. Insulin is a hormone that allows glucose, a type of sugar, to enter your cells and be used for energy. While you're pregnant, your body might not be able to use insulin very well, or it might not produce enough to meet the needs

of pregnancy. So the sugar stays in your blood and your blood sugar levels rise. This leads to gestational diabetes. If your blood sugar levels are too high, it can cause complications for you and your baby.

What are the possible complications?

There's every chance you'll have a healthy and relatively normal pregnancy. But it's also true that having gestational diabetes increases the risk of complications, particularly if it's not recognised or treated. These include:

- Needing to have your labour induced.
- Your baby being larger than normal, which might make birth more painful. This might also mean you'll need to have a caesarean section.

- Shoulder dystocia, where the baby's shoulder gets stuck during birth.
- A small risk of stillbirth, although this is very uncommon.
- Your baby needing extra care once it's born, for example in a neonatal unit.
- Your baby being at greater risk of developing type 2 diabetes and obesity in later life.

Monitoring your blood sugar levels and meeting your targets, as well as making healthy food choices and staying active, can all reduce your risk of complications.

You'll usually be advised to give birth in hospital, and you should be able to have a vaginal birth. You should also be able to breastfeed if it's what you choose.

What next?

After you're diagnosed, your care team should tell your GP and you should be referred to a joint diabetes and antenatal clinic within one week. With the right support and treatment, you're more likely to enjoy a healthy pregnancy and give birth to a healthy baby.



We're here for you

If you've got any questions about anything in this guide or about diabetes in general, just pick up the phone to one of our advisers on **0345 123 2399** or email **helpline@diabetes.org.uk**



“
My blood sugar went back to normal levels immediately after the birth. I'm really thankful for the care I received. I know that I have an increased risk of type 2 diabetes, so I'll be going for annual checks now.

Rei

Diagnosed with gestational diabetes in both of her pregnancies

”

CHECKING YOUR BLOOD SUGAR

When you have gestational diabetes, it's really important to check your blood sugar levels so you can stay on track with managing your condition and having a healthy pregnancy.

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

Your care team will help you set and monitor target blood levels during your pregnancy and advise on taking medication like insulin. But because every woman is different, the treatments you're offered will vary depending on your blood sugar levels and your preference.

Your team might consider giving you a continuous glucose monitor, also called a CGM, if you have severe low blood sugars, called hypos, or unstable blood sugars. Visit our website at **diabetes.org.uk/gest-cgm** for more information.

How do I check?

You'll use a device called a lancet to prick the side of your finger and put a drop of blood onto a test strip. This is then read by a blood glucose meter to work out your blood sugar levels. You'll also need to get a prescription for the test strips from your doctor. If all this sounds complicated, don't worry – your care team will help you every step of the way.

As a general rule, you need to check your blood sugar before breakfast and one hour after every meal. But you and your care team should agree on a checking routine that's right for you, as well as an ideal target level that's manageable without the risk of causing low blood sugars, also called hypos.

What are my targets?

Everyone has sugar in their blood but when levels become too high, this can lead to complications for you and your baby. Your care team will say what they think your personal target blood sugar levels should be. But here are the targets women with gestational diabetes are usually advised to aim for:

- Fasting: below 5.3mmol/l.
- One hour after meals: below 7.8mmol/l.

If you can't check until two hours after a meal, aim for below 6.4mmol/l. If you take insulin, you need to keep your blood sugar above 4mmol/l because of the risk of hypos. There's more information on these on page 29.



Tips for checking your blood sugar

- 1** Wash your hands with soap and water. Don't use wet wipes as they can affect the result.
- 2** Make sure your hands are warm as it's easier to get blood and hurts less.
- 3** Prick the top of your finger on the side, not the index finger or thumb. Don't prick the middle, or too close to a nail.
- 4** Use a different finger and place each time.
- 5** Keep a diary of your results to spot trends and track your treatment.



Need more information?

Call our helpline on **0345 123 2399**, Monday to Friday, 9am to 6pm, or email **helpline@diabetes.org.uk**

MANAGING AND TREATING YOUR CONDITION

Eating well with gestational diabetes

Eating well plays an important part in managing your blood sugar levels to help you have a healthy pregnancy and a healthy baby.

We've put together these general healthy eating tips to help you. Your care team should also refer you to a dietitian for individual advice that's right for you. If this has not happened, ask your maternity care team to refer you.

If you receive certain benefits, like income support or Universal Credit, you might be eligible for Healthy Start vouchers. These vouchers help you with the cost of milk, fruit and vegetables when you are pregnant or have young children. Visit **[healthystart.nhs.uk](https://www.healthystart.nhs.uk)** to find out if you are eligible.

Choose healthier carbohydrates (carbs)

All the carbohydrates (carbs) you eat and drink are broken down into glucose, which affects your blood sugar levels. So you need to know which foods and drink contain them. Carbs can be grouped into those that contain mostly starch, like bread, rice, pasta, potatoes, yams and plantain, and those that contain mostly sugars, like fruit, fruit juice, some dairy foods like yogurt and milk, sweets, chocolate, sugary drinks and desserts.

The type and amount of carbs you eat or drink makes a difference to your blood sugar levels. Your dietitian will talk to you about your usual carb portion sizes, and you may be advised to reduce them to help keep your blood sugar levels within target.

Easy swaps for healthier carbs:

- Swap white bread for multigrain, wholegrain, wholemeal or rye.
- Swap chapatti and roti made with white flour to those made with wholemeal flour.

- Swap white pittas for brown pittas.
- Swap chips and mash for wholewheat pasta, baked plantain or sweet potato.
- Swap white rice for brown rice.
- Swap low-fibre cereals like corn flakes for high-fibre alternatives like bran flakes or porridge.

Other healthier carbs include:

- fruit
- vegetables
- pulses such as chickpeas, beans and lentils
- dairy, like unsweetened yogurt and milk. If you are using a non-dairy milk, try to choose ones that are unsweetened and fortified with vitamins and minerals.

Cut down on sugar

Sugary foods and drinks raise your blood sugar levels so it is important to cut these out or make swaps where possible. You could try swapping fruit juice for skimmed or semi-skimmed milk, using low-calorie artificial sweeteners instead of sugar or jaggery, and having some sugar-free jelly or fruit instead of ice cream or biscuits when you feel like a sweet treat.

Also, know the other names for sugar so you can check food labels. These include sucrose, glucose, dextrose, fructose, lactose, maltose, honey, invert sugar, syrup, corn sweetener and molasses.

Know your portion sizes

Women with gestational diabetes are generally advised to consume no more than 40-50g carbs with lunch and your evening meal, and less with breakfast. The right portion sizes will help you manage your blood sugar levels and avoid too much weight gain during pregnancy too. Speak to your dietitian, or ask to be referred to one if you haven't already, about what's right for you.

At mealtimes fill up half your plate with vegetables, with a quarter of your plate for a protein food like beans, nuts, pulses, eggs, lean meat, and fish. The rest is for healthier starchy carbs like wholegrain bread, wholewheat pasta and basmati, brown or wild rice. Having more protein and vegetables in your meals helps fill you up and keep your blood sugar levels more stable.

Understand the glycaemic index (GI)

Different carbohydrates are digested and absorbed at different rates, and the glycaemic index is a ranking of how quickly each individual carbohydrate-based food and drink raises your blood glucose levels after you consume them. Some foods affect sugar levels quickly and so have a high GI, and others take longer and so have a low GI. Swapping high-glycaemic food and drinks, which are broken down quickly, for slower, lower-ranking ones are better for managing your sugar levels.

Plan your snacks

If you do need to snack when you have gestational diabetes, swap cake, biscuits, crisps and chocolate for:

- Veg, like cherry tomatoes.
- Fruit, like a satsuma or fruit pots in juice.
- Sugar-free jelly pots.
- Plain or low-sugar yogurt.

But watch your portion sizes still – it'll help you keep an eye on your weight.

Avoid so-called 'diabetic' foods

It's illegal for foods to be labelled as 'diabetic'. They don't have any special health benefits, they're expensive, could still affect your blood sugar and may cause an upset stomach.

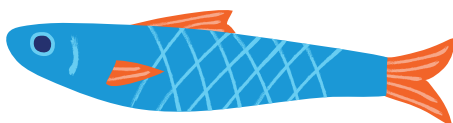
Eat low GI foods

Choose low-GI foods but you should try to watch your portion sizes as this affects your blood sugar the most. And not all low-GI foods are healthy, so read food labels to help you make a healthy choice. We've got more information on food labels on page 23.

Eat more fish

Fish is full of protein and great for your heart health and your baby's development.

The advice is to eat at least two portions a week, including at least one 140g portion of oily fish – like mackerel, sardines, salmon,



herrings, trout or pilchards. Don't have more than two portions of oily fish though. You should avoid raw shellfish when you're pregnant as it can give you food poisoning. If in doubt or for more information, talk to your dietitian.

Eat more fruit and veg

We all know eating fruit and veg is good for you. They can give you all the vitamins, minerals and fibre your body needs every day. Although fruit is sweet, your body processes the sugar in whole fruit differently from free sugars, which is sugar that you or the manufacturer add to things like chocolate, biscuits, cakes or fruit juice. So you don't need to worry about eating fruit during your pregnancy.

Choose healthier fats

Fat gives us much-needed energy, but some fats are much healthier than others. Healthier

fats come from foods like seeds, avocados, oily fish, olive oil and rapeseed oil. Unhealthy saturated fats can increase your cholesterol levels which may increase your risk of heart problems. These include ghee, butter, lard, palm nut oil and coconut oil. It's also a good idea to use less oil when cooking, so try to grill, steam or bake foods instead.

Eat less salt

Too much salt can raise your blood pressure, which can be especially risky when you're pregnant. You should have no more than about one teaspoon of salt a day. Most of this usually comes from processed foods like bacon, sausages, cheese, sauces, tinned foods in brine and crisps. So try limiting these foods and use less salt in cooking and when you're eating out.



Making changes to my diet was quite tough. I tried to cut down on sugar as much as I could, and also some sauces and juices which contained lots of sugar. But the biggest change I made was to eat more protein and reduce my intake of starchy carbs.



Reena

Diagnosed with gestational diabetes
at 28 weeks

Staying hydrated

We all need to drink regularly to keep our bodies working properly. Water, tea, no-added-sugar squash and milk all count. But remember, you should limit caffeine to 200mg a day. That's the equivalent of two mugs of instant coffee or around 2.5 mugs of tea. We also get fluid from food, especially fruit and vegetables.

Fluid is important, and it's best to drink six to eight glasses of fluid a day. When you're pregnant, you need slightly more fluid, about 300ml extra per day, compared to non-pregnant women. And, if you're being sick or exercising, you will need to drink more. Here are some easy ways to have healthier drinks:

- Water is the best all-round drink. Watch out for flavoured waters, which can have added sugar.
- Herbal and fruit teas can make a refreshing change and most are caffeine-free.
- No-added-sugar squash and cordials are a good option as you use a little and add more water.
- Fruit juices and smoothies contain a lot of carbs and free sugar, which you need to cut down on. You can have more calories and sugar than you

mean to because it's easy to drink a large amount in a short time. Try to avoid fruit juice and smoothies as much as possible. If you do have them, try to limit yourself to no more than 150ml, and only have them once per day.

- Fizzy, sugary drinks are full of sugar, so try to go for sugar-free alternatives, unless you're using them to treat a hypo.
- Malted drinks and energy drinks can be high in sugar and calories, so you should try to avoid them.

Managing your weight

If you gain too much weight in pregnancy, it can affect your health and increase your blood pressure. However, evidence suggests that pregnancy isn't the time to be on a really strict diet either.



Making changes to your diet and physical activity levels can help you avoid gaining too much weight, and your care team will help you with this. It'll also help you keep your blood sugar under control.

Sticking to a healthier lifestyle after pregnancy can help you to manage your weight. You'll have less risk of developing gestational diabetes in future pregnancies, as well as lowering the long-term risk of developing type 2 diabetes. Breastfeeding can also help reduce your risk of developing type 2 diabetes after giving birth.

Dealing with family and food

Many families use food to communicate and bond emotionally, in good times and bad. Although this is perfectly normal and healthy most of the time, it can cause problems if you're trying to change your eating habits. This is because you might find it difficult to say no to some people when they offer you certain foods, especially if food is an important part of your relationship with them.

In some cultures, mums-to-be are also expected to 'eat for two' during pregnancy. This can make it even

more complicated to keep healthy eating plans on track.

Tips for saying no

'No' can be one of the hardest words to say sometimes, especially if you're dealing with a well-meaning family member. Gestational diabetes is nothing to be ashamed of and it's fine to explain to people why you don't want to eat something or are eating less of certain things at the moment. It's not something that you need to hide. But if you don't feel comfortable explaining, you may want to try some different phrases such as:

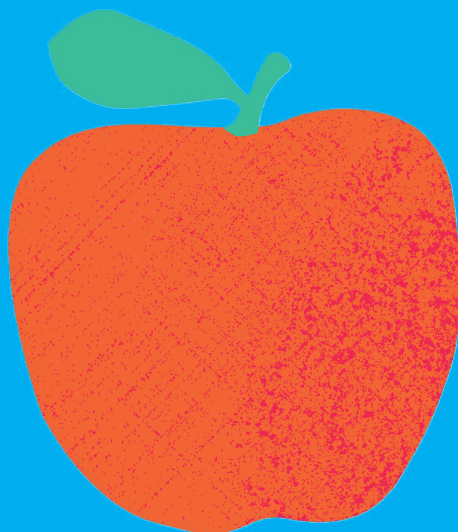
- "I'm really full, thanks."
- "It looks delicious but I just can't manage any more."
- "I've already eaten, thanks."
- "I just ate before I came over."

You may need to 'teach' your loved ones to behave in different ways around you and food. It will take time to change habitual ways of doing things but developing these skills will help you to feel in control of your diabetes management, health and weight, rather than the food.

RECIPES

Here are some recipe ideas to help you get started with healthy eating during your pregnancy.

Visit diabetes.org.uk/gest-recipes for over 500 recipes that you can make at home.



BREAKFAST

Very berry porridge

Serves 1

Prep: 5 minutes

Cook: 5 minutes



Each 256g portion contains

KCal 348	Carbs 46.7g	Fibre 7.9g	Protein 12.8g	Fat 10.4g	Saturates 1.30g	Sugars 12.9g	Salt 0.12g	Fruit/veg portion 1
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Ingredients

- 50g rolled oats
- 6 strawberries, sliced
- 6 raspberries
- 15 blueberries
- 100ml skimmed milk
- 2 tsp toasted flaked almonds

Method

- 1** Add the oats and 250ml water to a pan. Bring to the boil, then turn down the heat and stir regularly for 4 to 5 minutes.
- 2** Stir in three-quarters of the fruit and add the milk.
- 3** Bring the heat back up, mix well and put into a bowl.
- 4** Top with the rest of the fruit and the almonds, then serve.

BREAKFAST

Mushroom and spring onion omelette

Serves 1

Prep: 5 minutes

Cook: 10 minutes



Each 310g serving contains (excludes serving suggestion)

KCal 251	Carbs 2.7g	Fibre 1.7g	Protein 22.2g	Fat 16.5g	Saturates 4.8g	Sugars 2.5g	Salt 0.65g	Fruit/veg portion 1
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Ingredients

- 2 eggs
- pinch white pepper
- 1 tsp rapeseed oil
- 150g mushrooms, sliced
- 1 spring onion, chopped
- 10g reduced-fat Cheddar, grated

Method

- 1** Break the eggs into a bowl, add the pepper, beat with a fork and set aside.
- 2** Heat the oil in a pan and cook the mushrooms and spring onion for 5 minutes over a medium heat, stirring regularly, until soft.
- 3** Stir the egg into the mushrooms/onion for 1 minute, then cook gently for 3 minutes, using a spatula to ease the omelette from the sides of the pan.
- 4** When the omelette is cooked, sprinkle the cheese on top and turn it out onto a plate, folding the omelette in half.

LUNCH

Tandoori chicken chapatti

Serves 2

Prep: 10 minutes

Cook: 3 minutes



Each 210g serving contains

KCal 311	Carbs 31.9g	Fibre 1.9g	Protein 22.2g	Fat 10.1g	Saturates 0.5g	Sugars 4.8g	Salt 0.64g	Fruit/veg portion 1
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Ingredients

- ½ red pepper, thinly sliced
- ½ red onion, thinly sliced
- handful fresh coriander, roughly chopped
- juice half lime
- 1 tbsp fat-free Greek yogurt
- 1 tsp tandoori paste
- 100g cold, cooked chicken, chopped
- 2 chapattis – approx. 60g each
- 2 handfuls mixed salad leaves

Method

- 1** Add the sliced red pepper, red onion, coriander and lime juice to a bowl. Mix well and reserve.
- 2** Meanwhile, in another bowl, mix the yogurt with the tandoori paste and then stir in the chopped chicken.
- 3** Place the chapattis in a preheated dry frying pan over a medium heat for 45 seconds on each side to warm them through.
- 4** Lay the chapattis out and spread the chicken over half of each chapatti. Add the salad leaves, then top with the red pepper and onion mixture.
- 5** Roll them up, tucking in the sides and enjoy.

LUNCH

Chickpea and tuna salad

Serves 2

Prep: 5 minutes



Each 458g serving contains

KCal 355	Carbs 22.7g	Fibre 12.4g	Protein 32.1g	Fat 12.4g	Saturates 1.7g	Sugars 7.6g	Salt 0.22g	Fruit/veg portion 4
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Ingredients

- grated zest half a lemon
- pinch black pepper
- 20ml extra-virgin olive oil
- 1 small red onion, finely chopped
- 180g ripe cherry tomatoes, cut into quarters
- 8cm cucumber, chopped
- 1 x 400g tin chickpeas in water, drained (drained weight 240g)
- 1 x 200g tin tuna in water, drained (drained weight 150g)
- 150g salad leaves/lettuce
- 2 lemon wedges

Method

- 1** Add the lemon zest to a large bowl with the pepper, and olive oil.
- 2** Next, add the red onion, tomatoes and cucumber, mix well and leave to infuse for a couple of minutes.
- 3** Add the chickpeas and tuna, and fold in gently so everything is coated with the dressing.
- 4** Finally, toss in the salad leaves and divide between two plates. Serve with a lemon wedge to squeeze over before eating.

DINNER

Cauliflower stir fry

Serves 1

Prep: 15 minutes

Cook: 15 minutes



Each 380g serving contains

KCal 228	Carbs 17.9g	Fibre 9.0g	Protein 10.4g	Fat 10.8g	Saturates 1.6g	Sugars 12.1g	Salt 0.1g	Fruit/veg portion 4
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Ingredients

- 1½ tsp sesame seeds
- 1 small onion, thinly sliced (approx. 60g unpeeled)
- 1 tsp rapeseed oil
- 60g leek, thinly sliced
- 1 clove garlic, crushed
- 1 tsp freshly grated ginger
- 250g cauliflower florets
- 5-6 sprays 1cal oil
- 1 tsp Tabasco or 1 tsp Sriracha hot sauce
- 1 tbsp spring onion, finely chopped
- 1 tbsp coriander, torn

Method

- 1 Heat a small frying pan and dry-fry the sesame seeds for 1–2 mins until lightly browned and fragrant. Set aside.
- 2 Add the oil, onion and leek to the pan, cover and cook over a very low heat for 5 mins, stirring frequently until softened. Add the garlic and ginger. Cook for a further 1 min.
- 3 Give the cauliflower a good spray with 1cal oil, at least 5-6 pumps, and to the onion pan with 3tsp water. Cook over a medium heat for 5-6 mins, stirring occasionally, until the florets start to brown.
- 4 Add the Tabasco or Sriracha, stir in and cook for a further 1 min. Spoon into a bowl, scatter with spring onion, coriander and sesame seeds, and serve.

DINNER

Slow-cooked bean chilli

Serves 4

Prep: 20 minutes

Cook: 30 minutes



Each 500g serving contains (excludes serving suggestion)

KCal 330	Carbs 38.3g	Fibre 18.1g	Protein 24.2g	Fat 4.9g	Saturates 0.7g	Sugars 15.0g	Salt 0.36g	Fruit/veg portion 5
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Ingredients

- spray oil of your choice (optional)
- 2 medium onions, chopped
- 1 tsp crushed garlic
- ½ tsp ground ginger
- 300g mixed mushrooms
- 1-2 peppers (green, red or yellow), chopped
- 300g Quorn mince
- 1 tbsp balsamic vinegar
- 80g carrots, cubed
- 400g can chopped tomatoes
- 400g can chickpeas in water, drained
- 400g can kidney beans in water, drained
- 2 tsp tomato purée
- 700ml very low-salt vegetable stock
- Pinch chilli flakes

Method

- 1** Use the browning function on your pressure cooker to soften the onions, garlic, then sprinkle with the ginger.
- 2** Add the mushrooms, peppers, soya mince and balsamic vinegar. When browned, add the carrots and cook for 20 minutes.
- 3** Add the tomatoes, beans, chickpeas, tomato purée and enough stock to reach the middle of your cooker.
- 4** Add the chilli flakes and set your pressure cooker for 30 minutes. Serve with rice.

Understanding food labels

Do you know exactly what you're putting into your shopping basket? Packaged food labels can be confusing if you don't know what to look for. Here's a breakdown of what they mean.

Follow the traffic light system

Most food companies use a 'traffic light' labelling system on the front of the pack to tell you how much fat, sugar and salt the product contains, as well as the amount of energy (or calories). This makes it easy to compare different products at a glance to make the healthiest choice for you

Reading traffic light labels

Each 254g pack contains:				
Energy 2264kJ 542kcal	Fat 20g	Saturates 6.4g	Sugars 7.6g	Salt 2.4g
27%	28%	32%	8%	42%

Simply put, 'green' means healthy, 'amber' means okay and 'red' means unhealthy if eaten often. Most foods have a mix of traffic light colours, so try to pick ones with more greens and fewer reds.

If you want more detail on traffic light labelling, this table shows how much fat, saturated fat, sugars and salt are considered low, medium or high in foods. These amounts are lower for drinks. You can also find out if the sugar is natural or added by checking the ingredients list.

On the back

Back-of-pack labels give more detailed information about things like ingredients and known allergens. Ingredients are listed in order of high to low quantity, so if sugar, syrup or anything ending in ‘-ose’ is top of the list, the product is likely to be high in sugar.

All measures per 100g	Low	Medium	High
Fat	3g or less	More than 3g to 17.5g	More than 17.5g
Saturated fat	1.5g or less	More than 1.5g to 5g	More than 5g
Sugars	5g or less	More than 5g to 22.5g	More than 22.5g
Salt	0.3g or less	More than 0.3g to 1.5g	More than 1.5g

Five tips for food labels

- Look at the ‘reference intake’ (RI) percentages to see how much one portion contributes to the amount of calories, fat, sugars and salt an average adult should have each day.
- Check how much of the pack counts as a portion to avoid consuming more calories, fat and sugar than you need.
- Always check the back label for ‘carbohydrates per 100g’ as all carbs raise blood sugar levels and the front label may not mention them.
- Look for the fibre content on the back label and when deciding between products, choose ones with more fibre in them.
- Check the label’s definition of a portion size. It may differ from yours and be smaller than you would like. However, if you are trying to lose weight or maintain a healthy weight, it’s a good idea to reduce your portions.

What if there's no nutritional information?

Not everything you buy will have nutritional information. But there'll still be clues. Remember that the ingredients are listed in order of how much there is in the product, from high to low, so if sugar is at the top, it may be worth looking for an alternative.

Information on packaging

Many of the claims made on food packaging, such as 'fat-free' or 'low-fat', can be confusing. These products aren't necessarily healthy, as they may still be high in sugar, fat and calories. Check the label if you're not sure about the ingredients.

Staying active

Even if the word 'exercise' puts you off, staying active while pregnant is completely safe and has great benefits. And you don't have to join a gym, wear lycra or play sports if you don't want to.

Women with gestational diabetes should aim to take regular physical activity every week. Regular moderate exercise is safe for you

and your baby and helps lower your blood sugar levels, as your muscles need to use sugar for energy.

There are lots of other great health benefits too, from better control of your weight and stronger muscles and bones to improved circulation, mood and sleep.

How you can move more

Walking is a great activity to do when you're pregnant. You could try:

- Getting off the bus a stop earlier.
- Walking to the shops to pick up a few items.
- Having a walking meeting or catch up with friends.
- Using a pedometer to keep track of your steps. Aim for 10,000 a day.

Some women find that activity after a meal can help lower their blood sugar levels. You could try going for a 10-minute walk after breakfast, lunch and dinner.

What should I aim for?

About 150 minutes of moderate intensity exercise a week should give you all the benefits you need. Moderate intensity means you're breathing harder than usual, but you can still talk comfortably. You should

try and include strength-building exercise two days a week as well, like walking uphill or swimming.

If you were active before, just keep on doing what you were doing as you're more likely to stick to activities you enjoy. And if not, it's best not to start anything strenuous suddenly. Start gradually, and build up from there. Listen to your body and adapt as and when you need to.

Things to remember

- Check with your healthcare team if you want to try a new activity that you're not used to.
- Carry some diabetes ID like a bracelet, necklace or card while exercising, especially if you're at risk of hypos. See page 29 for more information.
- Drink plenty to stay hydrated at all times (see page 14).
- If you're at risk of hypos because you take insulin, check your blood sugar regularly and have hypo treatments to hand.

Smoking and alcohol

It's safest not to drink at all during pregnancy, as alcohol can harm your baby. The more you drink, the greater the risk. This is especially true if you've got gestational diabetes, as alcohol can increase your risk of a hypo if you're taking insulin.

It's also not safe to smoke during pregnancy, and you should make every effort to quit if you smoked before you were pregnant. Smoking is bad for your health and it can harm your baby, as it will restrict their oxygen supply. This includes smoke from people around you too. For help to quit smoking, ask for help from your care team.

Want extra help quitting?

NHS Pregnancy Smoking helpline:
0800 123 1044
quitnow.smokefree.nhs.uk



Medication

Many women start with changes to their diet and physical activity. But if your blood sugar levels are very high or do not go down enough after a couple of weeks, you might need to take medication to manage your blood sugar levels. This doesn't mean you've failed – far from it. It just means you need a bit of extra help to bring your blood sugar levels under control and avoid the risk of complications. But remember, even when medications are needed, you'll still need to make changes to your diet and physical activity. All of these things together can help you control your blood sugar levels.

What medication might I take?

- **Insulin.** A hormone that allows your body to turn sugar into energy. It needs to be injected under the skin as your stomach would digest it if taken in pill form. Don't worry though – your care team will show you how to inject insulin safely if you need it.
- **Metformin.** This pill helps to lower the amount of sugar your liver produces and make your natural insulin work properly. You take it with a meal or just after.

What about side effects?

Although all medications have possible side effects, you probably won't feel them all or even feel any. Look at the information leaflet to learn about possible side effects, and if you feel any of them, tell your care team or pharmacist.

The leaflet for metformin advises not to take it during pregnancy, but rest assured it's used widely in the UK to help manage diabetes in pregnancy, as there's strong evidence that it's both effective and safe. But if you're worried, talk to your care team.

Make it easy to remember your medication

- 1 Create a daily routine. Write down when to take your medication each day, especially if there's more than one. Your pharmacist can help with this.
- 2 Use a pill box. Get one with separate days of the week to stay organised.
- 3 Track injection times. Use a digital device that measures time between injections.
- 4 Keep medication handy. Store within view but out of children's reach.

- 5 Set reminders on your phone or computer to take your medication, as well as ordering repeat prescriptions.

You don't need to pay for your medication

Ask your GP or midwife for a Maternity Exemption Certificate form (sometimes called a Matex form), which gets you free NHS prescriptions.

How to take insulin

If your care team has recommended you take insulin while you're pregnant, you'll need to get used to using an insulin pen to inject yourself.

Here are the steps you need to follow:

- 1 Decide where you're going to inject – usually the thighs, bottom or stomach.
- 2 Make sure your hands and physical environment are clean.
- 3 Squirt two units of insulin into the air to make sure the top of the needle is filled.
- 4 Gently lift up a fold of skin, if a nurse has told you to do this, then insert the needle quickly at a 90-degree angle.

- 5 Inject the insulin and count to 10, making sure the thumb button is fully pressed down.
- 6 Remove the needle and dispose of it safely.

Tips for using insulin

- Change the places you inject – don't always use the same place, or you may get unpleasant lumps under your skin.
- If you're finding it painful to inject, speak to your nurse. As with most things, practice makes perfect and in time it will hurt less as you get used to it.
- Use a special sharps disposal bin to get rid of your needles and the lancets from blood sugar tests, not a normal bin. You can get these bins free on prescription and your clinic will tell you what to do when they're full.
- Don't be worried about injecting into your abdomen while pregnant. As long as you avoid the area close to your belly button, the short 4-6mm needle will only get as far as the fatty layer under your skin – nowhere near your uterus, where your baby is growing.

Vaccines

It is important you have any vaccinations that your healthcare team recommends, including the coronavirus vaccines and the flu vaccine. This is because pregnant women are more at risk of complications if they get ill. With coronavirus and flu, complications can include your baby being born prematurely, low birthweight and in some cases, stillbirth. Vaccines are safe if you're pregnant but speak to your healthcare team if you have any concerns.



Preventing hypos and hypers

Managing your gestational diabetes is all about keeping your blood sugar within a healthy range. As we've seen, this is affected by what you eat, how much you move and any medications you take.

But there will be times when your blood sugar is higher or lower than your targets. When this happens, you're at risk of having a hypo (hypoglycaemia) if your levels are too low, or a hyper (hyperglycaemia) if your levels are too high. Both of these can be serious, so here's how to prevent them and what to do if one comes on.

Hypos

What is a hypo?

A hypo can come on quickly when your blood sugar is too low, usually below 4mmol/l. Everyone has different symptoms, but they can include trembling and feeling shaky, blurred sight, going pale, palpitations, sweating and feeling anxious.

Why do they happen?

Not all women with gestational diabetes have hypos, but it's more likely if you take insulin. In general, missing meals, exercising lots without eating extra carbs, taking more insulin than you need or drinking alcohol on an empty stomach can all bring on a hypo.

What do I do if I have one?

If you feel symptoms coming on, you need to act immediately or you may get confused, drowsy or even pass out or have a fit.

- 1 Eat or drink 15-20g of fast-acting carbs to treat a hypo. This could be five glucose tablets or large jelly babies, a small carton of pure fruit juice or sugary (non-diet) drink or two tubes of a glucose gel such as GlucoGel®.
- 2 You should check 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.
- 3 After a hypo, you may need to eat or drink a bit more to stop your sugar levels going down again. Try to eat 15 to 20g of a slower-acting carb. This could be a sandwich, a piece of fruit, cereal or milk. Or it could be your next meal if that's due.

Always make sure you have got a hypo treatment with you just in case. You can get glucose tablets and gels on prescription if needed.

If you become unconscious

It's rare for severe hypos to happen when you have gestational diabetes, but it can happen and could make you lose consciousness. If this

happens, it's important that your family and friends know what to do quickly. They need to:

- Put you into the recovery position on your side, with your head tilted back and one knee bent.
- Give you a glucagon injection if you carry one, but only if someone knows how to use it.
- Call an ambulance if you don't have a glucagon injection or if you haven't recovered 10 minutes after the injection.

They shouldn't try to give you food or drink because you won't be able to swallow. If you're having a lot of hypos and they're severe, get in touch with your healthcare team as soon as possible.

Tips for dealing with hypos

- Carry on checking your blood sugar levels regularly if you have a hypo, as if it's happened before you're more likely to have another one.
- Don't treat hypos with high fat foods like chocolate or biscuits, as they don't work fast enough.
- Talk to your healthcare team if you have a severe hypo or keep having them, as they can suggest changes to your medication or lifestyle.
- Carry some diabetes ID with you in case you ever become unwell.

Hypers

What is a hyper?

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. You probably won't feel anything if your blood sugar is slightly higher than it should be. But more common symptoms can include needing to pee more than usual – especially at night – being thirsty, headache and tiredness.

Why do they happen?

Hypers have several different causes. Maybe you've missed a dose of your medication or eaten more carbs than you planned to. Or you could be stressed, unwell with an infection or even over-treated a hypo.

What do I do if I have one?

If your blood sugar is only high for a short time, you may not need to do anything. But if it stays high, drink lots of water or any sugar-free fluid and think about having more insulin if you take it.

If you notice it happening often, speak to your care team about any lifestyle or medication changes you may need to make. And if you feel ill then please get medical attention right away, especially if you're being sick.

Avoiding hypers

- Check your blood sugar often to keep it at your target levels.
- Be aware of how much carbs you're eating and how they affect your blood sugar levels.
- If you're ill, keep taking your diabetes medication – even if you're not eating.
- Stick to your medication routine and stay active.
- Speak to your healthcare team if you're having a lot of hypers.





LOOKING AFTER YOUR EMOTIONAL WELLBEING

Pregnancy can be an emotionally challenging time, and it's often harder if you've been diagnosed with gestational diabetes.

There's the added pressure of needing to test and manage your blood sugar levels. Some women feel guilty about their diagnosis or anxious they might hurt their baby when they don't get things right. Other women feel judged by family and friends or worry about eating in front of people. And these feelings can quickly become overwhelming if they're not dealt with in a healthy way.

If you're struggling to cope with negative feelings about your diagnosis, then please understand that you're not alone. Help is there if you need it and there are many ways to get emotional support. Whatever you're going through, we're here to support you every step of the way.

Fighting shame and stigma

It's hard enough dealing with the shock and uncertainty following diagnosis and having to make unexpected changes to your lifestyle. But hearing negative comments or feeling judged by others might make you feel ashamed or that you've done something wrong.

Remember that your diagnosis is nothing to be ashamed of. In fact, now is a great opportunity to take a deep breath and focus your mind on what really matters – you and your baby.

You can make small, sustainable changes each day without putting too much pressure on yourself. And if you do that, you will hopefully start to feel happier and more confident.



“ There’s a lot of shame and misconceptions attached to being a diabetic. I was really upset and in denial for a while. I was worried about the baby. I was encouraged by my diabetes team to stay active. I made time to do it for myself and for my mental wellbeing at this difficult time. ”

Rei

Diagnosed with gestational diabetes in both of her pregnancies

Dealing with difficult feelings

Remember that feelings can come and go, and how you cope with your gestational diabetes will vary. You might find that one day you feel positive and motivated to manage your condition and the next you feel low and hopeless.

Be kind to yourself and celebrate small successes. Starting a mood diary or journal can be a great way to keep track of your emotions and spot any links between how you feel physically and emotionally. It's also important to open up to someone you can trust and share your highs and lows with them.

As time goes on, you will adjust to your new way of life and become more confident in your ability to cope with the demands that gestational diabetes can throw at you. Difficult emotions might come back at times, but if they don't last too long, try not to worry about it. You don't have to feel positive about your diabetes all the time.

Get the help you need

As well as talking to a trusted friend or family member, there are lots of things you can do to help improve your overall emotional wellbeing during pregnancy. Here are some ideas to help you cope.

Speak to your healthcare team

If you're worried about your mood and overall mental health, your healthcare team is there to give you emotional and psychological support and will direct you to other specialist support services if needed.



Call our helpline

Talk to a trained advisor by calling our helpline on **0345 123 2399**. They can give you information about your condition, take time to talk things through and explore how you're feeling.



A friend put me in touch with another mum who'd had gestational diabetes and hearing how her baby was healthy and thriving was a huge relief. I'd really recommend newly diagnosed mums speak to other mums who've had gestational diabetes if they can. The moral support really helps.



Vicky

Diagnosed with gestational diabetes while pregnant with her second son.

Meet local groups

It can be helpful to meet other people who live with diabetes and talk about your experiences. Our local groups can offer understanding, help and support at an important time.

For more information, go to **diabetes.org.uk/gest-local-groups**

Try talking therapies

Cognitive Behavioural Therapy, or CBT, offers lots of techniques that help you cope with stressful situations. It helps you identify triggers for low moods and negative thoughts, and helps you learn to deal with them when they happen.

If you live in England, you should be able to access free CBT through your local IAPT service (England only) or you can ask your healthcare professional to refer you. Find out more information by searching 'IAPT' on the **nhs.uk** website.

Practice meditation

Building in just a few minutes of mindfulness meditation each day can help you reduce stress, stay present and manage difficult emotions. There are several popular mindfulness apps to choose from nowadays, such as Headspace and Calm, which you can download free of charge.

YOUR CARE DURING PREGNANCY

Because of your condition, your pregnancy care team will want to see you more often than other pregnant women, so you can expect more appointments, tests and scans. This is to make sure that your pregnancy goes as smoothly as possible and is nothing to worry about.

Getting the most out of every appointment

Your appointments are a great opportunity to get information and advice from your care team and talk with your midwife or doctor about any concerns. So, it's worth spending some time thinking about how to make the most of every appointment.

Before you go

Make a note of any questions so you don't forget and remember to take useful things like blood sugar results or a list of your medications. Ask your healthcare professional if you need to bring anything else with you, or if you need to take any tests beforehand.

At your appointment

Listen carefully, take notes and ask questions when you need to – especially if you don't understand what your healthcare professional is saying. Don't be shy about getting the help you need, even if that means taking someone with you. Once you've covered everything in your list, make a plan about what should happen next and ask who to contact if you have any more questions before your next appointment.

After your appointment

Go over what was said and note down anything you need to do before your next appointment – and remember to put this in your diary.



Your baby's movements

Gestational diabetes can affect how well your placenta works. If your placenta isn't working as well as it should, it can make your baby unwell and affect their movements. If you notice that your baby's movements have slowed, stopped or are different to normal, you should contact your midwife or maternity unit immediately.

There are staff on the hospital maternity unit 24 hours a day, seven days a week who can check your baby is OK.

Don't put off phoning until the next day, and don't worry about phoning, as it is important your doctors and midwives know if your baby's movements have slowed down or stopped. If you get the right treatment and care as soon as you can, this could save your baby's life.

Your care during labour and birth

Many women worry that they will have to have a caesarean section if they have gestational diabetes, but that's not the case. It's likely that you will be able to have a vaginal birth if that's what you choose.

To make sure your labour goes as smoothly as possible, you'll be asked to have your baby in hospital before you reach 41 weeks of pregnancy, if you haven't already given birth by then. Once you reach 41 weeks, your labour will be induced or you'll have a caesarean section if this is the best option for you. You may be advised to have the baby even earlier if there are complications such as high blood pressure or if the baby is big.

During labour, your blood sugar levels will be monitored at least every hour to make sure they're on target. If not, you may need a drip.

When your baby is born

The first time you meet your baby is a very special moment, so your baby will stay with you unless your care team has any concerns. Within 30 minutes, you'll feed your baby, then again every two or three hours.

You'll both be closely monitored for 24 hours before you can go home, to make sure everything's OK. During this time, your team will check your baby's blood sugar levels every two to four hours and make sure they're happy with your baby's feeding patterns before you go.

Your care after pregnancy

Once your baby is born, your blood sugar levels will probably return to normal and you can stop taking diabetes medication.

You should also have your blood sugar checked regularly, with a test between six and 13 weeks after the birth, followed by an annual check-up. This is called an HbA1c test and measures your blood sugar levels over the previous two to three months. If you're not invited for these tests, speak to your GP and ask to arrange them, as they're really important.

Some women may have had undiagnosed diabetes before they were pregnant. This is why it's important to have your blood sugar levels checked a few weeks after giving birth. If your levels are still high, you will be offered further tests for diabetes and may need to stay on your medication.

If you get pregnant again in the future, let your healthcare team know about your history of gestational diabetes, as you're more likely to develop the condition again. You should be offered early self-monitoring of blood glucose or an oral glucose tolerance test in future pregnancies.

YOUR GESTATIONAL DIABETES CHECKLIST

It can be a lot to take in when you first get diagnosed. This checklist will help you get the right care and information when it counts.



Make sure you understand the condition and how it's treated.



Get to know who's in your healthcare team and what they do.



Ask for a blood glucose meter and agree your targets with your healthcare team.



Get a Maternity Exemption Certificate from your GP or healthcare team for free prescriptions.



Ask to see a dietitian to talk about your diet and exercise during pregnancy.



Find out who to call if you need extra help and support.



Make sure you know how to treat hypos and hyperts.



REDUCING YOUR RISK OF TYPE 2 DIABETES

Having gestational diabetes increases your risk of developing type 2 diabetes later in life. And it also increases the risk of your child becoming overweight and going on to develop type 2 diabetes in the future.

But there are lots of things you can do to reduce your risk of developing type 2 diabetes, including breastfeeding your baby.

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.

Be aware that if you're going to the toilet more often than usual (especially at night), are extremely tired, thirsty or have unexplained weight loss, this may be a sign of type 2 diabetes. So speak to your GP or nurse if you have any of

these symptoms. If you're not diagnosed with type 2 diabetes, you should still have a review each year to monitor your risk. Speak to your GP if you haven't been offered a review.

How to reduce your risk

You can reduce the likelihood of developing type 2 diabetes by managing your weight, choosing healthier foods and staying active.

**Order or download
Your guide to type 2 diabetes
by calling 0800 585 088
or visit diabetes.org.uk/gest-t2**



Manage your weight

You're far more at risk of getting type 2 diabetes if your body mass index (BMI) is in the overweight or obese range. Your BMI uses your height and weight to work out if your weight is healthy. So once you've had your baby, try to reach or maintain a healthy BMI. This is between 18.5 and 24.9 for most adults, or between 18.5 and 23 for South Asian adults.

It may be a good idea to see a dietitian to help you lose weight in a healthy way. And if you've had gestational diabetes and your blood sugar levels returned to normal after birth, you're eligible to join the NHS Diabetes Prevention Programme in England. We've got more information on our website at diabetes.org.uk/gest-dpp

Eat a healthy diet

Following a healthy balanced diet will help you keep to a healthy weight and reduce your risk of developing type 2 diabetes. The changes you may have made already such as swapping to wholegrain starchy carbs, watching your portion sizes and keeping sugary foods and drinks to a minimum are still important.

Research has shown too that some foods may be linked with a lower risk

of type 2 diabetes. These include blueberries, grapes, apples and green leafy veg, as well as yogurt, cheese, tea and coffee.

Healthy swaps

Rather than...	Try...
sugary cereal	wholegrain cereal, like porridge.
chips or potato waffles	couscous, sweet potato, yam or cassava.
sugary drinks	water flavoured with mint, lemon or other fresh fruit.

Stay active

Looking after a young baby will certainly keep you busy. But you should still aim to lead a physically active lifestyle and reduce the amount of time you spend sitting down. You should aim to do regular physical activity, such as 30 minutes of walking after lunch or dinner. Look out for opportunities to move more throughout the day.

For example, try taking stairs instead of lifts, walking a bit further to the shops or even standing while you're on the phone.



GLOSSARY

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 (carbs)

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).

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.

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.

Pancreas

A gland near the stomach that secretes the hormone insulin.

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.

An orange hand is shown from the side, gripping a white flagpole. The flagpole extends diagonally from the bottom left towards the top right. At the top of the pole is a white flag with a slightly wavy, torn-edge appearance. The word "MISSION" is printed on the flag in a bold, blue, sans-serif font. The background is a solid, vibrant blue.

MISSION

**We are Diabetes UK
and it's our mission
to tackle diabetes,
day in and day out,
until it can do no harm.**

It's why we campaign for better care,
give support in times of need and fund
ground-breaking research into new
treatments and a cure.

Diabetes doesn't stop, so neither do we.

This guide is FREE

As a charity, we rely on the generous donations of people like you to help us produce this vital information on living with diabetes.

To find out more about how you can help us, go to diabetes.org.uk/get-involved

Or, to make a donation to support our work, go to diabetes.org.uk/donate or send a donation via text.

Please text DUK to 70123 to donate £5 to Diabetes UK and help us do even more for people with diabetes.

You will be charged £5, plus one message at your standard network rate. Diabetes UK will receive 100%. Registered charity number England & Wales 215199 and Scotland SCO39136. If you wish to discuss this mobile payment, call 0203 282 7863.

By texting DUK to 70123, you are agreeing to us contacting you by phone and SMS to tell you more about our work and how you can support it (including financial support). To give £5 without receiving further contact by phone and SMS, text DUK NO to 70123.

You must obtain permission from the bill payer before sending a text message.

GET IN TOUCH

Call **0345 123 2399**

Email **helpline@diabetes.org.uk**

Visit **diabetes.org.uk**

Search **Diabetes UK** on Facebook,
Twitter, YouTube and Instagram



We welcome your feedback. If any information in this guide has been particularly helpful or if you would like to suggest any improvements, please send your comments to: **helpline@diabetes.org.uk** or write to us at: Diabetes UK Helpline, Wells Lawrence House, 126 Back Church Lane, London E1 1FH

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