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PREGNANCY AND DIABETES

What is diabetes?

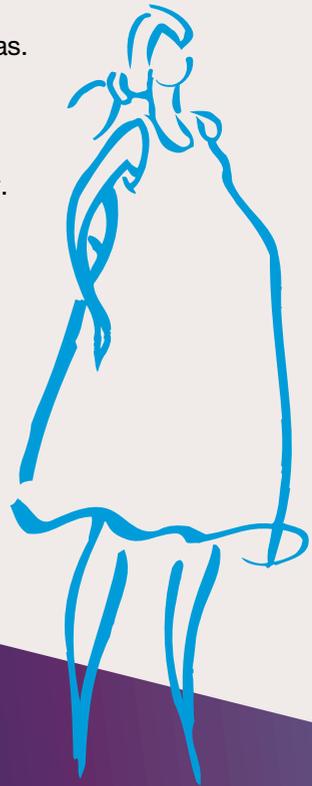
Diabetes affects the way your body converts food into energy. When you eat, your body converts food into a type of sugar called glucose.

Glucose is the fuel that your body needs to perform all activities, i.e. breathing, reading, walking or running. Diabetes makes it difficult for the body to process glucose as fuel. All who have diabetes share the same challenge which is: increased blood glucose levels.

In order to transport glucose from the bloodstream into the cells, the body needs insulin. Insulin is a hormone produced in the pancreas.

When you have diabetes, your body does either not produce enough insulin or your body cannot process insulin properly. The glucose is not transported effectively to the cells and too much remains in the bloodstream.

This is called 'high blood sugar' = diabetes.



What is gestational diabetes?

Gestational diabetes is a type of diabetes that develops during pregnancy and usually disappears again after delivery. Gestational diabetes affects approximately 3% of pregnant women. It is typically developed in the latter part of the pregnancy, where a lot of hormones are present in the body due to the pregnancy. These hormones cause the body to need more insulin. If the pregnant body does not produce the amount of insulin needed, it develops gestational diabetes.

Who is at risk of developing gestational diabetes?

The greatest risk is if:

- You are overweight
- Have a family history of diabetes
- You have previously delivered a large baby weighing more than 4,5 kg.
- You have sugar in your urine during pregnancy
- You have previously had gestational diabetes
- You have PCOS (polycystic ovary syndrome)
- It is a multiple pregnancy (you are expecting twins/triplets)

How is gestational diabetes treated?

• Diet

The primary treatment of gestational diabetes is a diet that does not cause the blood sugar to become too high. A dietician will provide you with instructions on how to eat during your pregnancy.

• Exercise

Exercising is important when you have gestational diabetes. Ask your doctor, midwife and/or diabetes nurse about which types of exercise are recommended, when you are pregnant.

How is gestational diabetes treated?

- **Monitor your blood sugar**

You may be provided with a blood glucose meter by your health care provider. By monitoring your blood sugar, you and your health care provider can see if the treatment is effective. Your health care provider will guide you on how often to test, as well as on your recommended blood sugar levels.

- **Possible treatment with insulin**

Some women with gestational diabetes (20-30%) will need insulin, even though they are both physically active and eating appropriately. Insulin is provided for injection. Tablets for treating diabetes are generally not used during pregnancy, in order to protect the fetus.

How does gestational diabetes affect me?

Developing gestational diabetes can cause complications. However, these can generally be prevented by monitoring and regulating your blood sugar. When your gestational diabetes is successfully treated there are usually no complications apart from a slight increase in the risk of preeclampsia, induced labor and c-section.



Can gestational diabetes affect my baby?

Yes, high blood sugar can affect your baby, but a well-regulated blood sugar reduces the risk of any complications. When your gestational diabetes is treated successfully, there are generally no risk of complications. However, there is a slight increase of the following in newborns from mothers with gestational diabetes:

Large baby, because the baby gets too much sugar and therefore produces too much insulin. This means that the baby grows bigger and heavier than normally. This can affect childbirth.

Low blood sugar, because the baby may have had too much sugar during pregnancy and labor. This means that the baby produces too much insulin and this can cause your baby's blood sugar to become too low the first hours or days after delivery. Some newborns may need to go to the children's ward.

Jaundice, some newborns develop jaundice. This is easily treated in the hospital with light treatment.



You can make a difference

It is possible to regulate gestational diabetes. You can have a healthy pregnancy and a healthy baby. You should try to stay healthy while pregnant. This will also make it easier to continue a healthy lifestyle after childbirth. The advantage is that you will not only feel better during pregnancy, but your risk of developing diabetes later in life will also be reduced. Remember that you decide how healthy you and your child's lifestyle will be.

Will I have a healthy baby?

Yes, you can have a healthy baby even if you have gestational diabetes.

Here are some good tips:

- Follow the doctor's and midwife's instructions
- Follow your diet
- Exercise regularly
- Monitor your blood sugar

Will my baby be born with diabetes?

No, your baby will not be born with diabetes, because you have gestational diabetes. However, your child has a slightly greater risk of becoming overweight later in life and for possibly developing type 2 diabetes, so it is important that you teach your child healthy habits.

Does gestational diabetes go away after childbirth?

Your blood sugar will usually drop to normal levels as soon as the baby is born. However, you have an increased risk of developing diabetes later in life, when you have had gestational diabetes. It is important to continue to eat healthy, have a healthy weight and exercise regularly.

You should be checked, either with blood sugar test or glucose tolerance test a couple of months after delivery and then regularly, i.e. every year or every other year. If you take good care of yourself, the risk of developing diabetes later on in life will be lower.





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This pamphlet is published and translated by Ascensia Diabetes Care and was prepared by: Pregnancy and diabetes nurse Charlotte Barfred and Clinical Nursing Specialist Vibeke Ladefoged Nichum

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Ascensia Diabetes Care Denmark ApS

Contact us by e-mail: diabetesdk@ascensia.com

or by phone: (+45) 42 82 80 00

Visit our website www.diabetes.ascensia.dk or

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