

Gestational Diabetes

What you should expect..



If you are **at risk of Gestational Diabetes** (please see below for how your risk is increased)

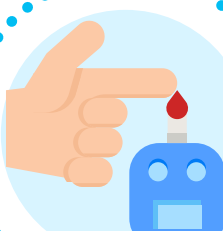
- In **early pregnancy**, you should have an HbA1c to check your average blood glucose (sugar) levels to **exclude diabetes**.
- At around **28 weeks**, you should have an Oral Glucose Tolerance Test (OGTT) to **check for Gestational Diabetes**. This involves a fasting blood glucose test then you are given a glucose drink and repeat blood test after 2 hours.

If **diagnosed with Gestational Diabetes** you will have access to:

- **Information and individual support** from our specialist team (including midwives, dietitians and psychologists) to help you to manage your glucose levels as best you can during your pregnancy; this can include looking at things that can get in the way of looking after yourself and your baby such as your food choices, physical activity levels and emotional wellbeing
- **A blood glucose meter** to monitor your glucose levels
- **Information** about Gestational Diabetes
- Have **ongoing review** with specialist team, additional ultrasound scans to measure growth of baby
- **Postnatal lifestyle information**, including diet, exercise and watching your weight, to reduce your chance of diabetes in the future. (Women who have had gestational diabetes have a **1 in 3** chance of developing type 2 diabetes within the following 5 years).

After pregnancy you should be screened for diabetes with a blood test for HbA1c:

- At least **3 months** postnatal – to make sure your blood glucose levels have returned to normal
- **Before future pregnancies** – to rule out diabetes before becoming pregnant.
- **Once a year to screen for prediabetes or type 2 diabetes** (for example get it checked in the month of your birthday)



Why you may be more at risk of gestational diabetes?

- BMI more than 30 kg/m²
- Previous big baby weighing ≥ 4.5 kg (or >90 th centile for gestation if customised centile chart available)
- Previous gestational diabetes or impaired glucose tolerance
- Previous unexplained intrauterine death/stillbirth
- Family history of diabetes (you have a parent, brother or sister with diabetes) or family origin with a high prevalence of diabetes
- South Asian (specifically women whose country of family origin is India, Pakistan or Bangladesh)
- Black Caribbean
- Middle Eastern (specifically women whose country of family origin is Saudi Arabia, United Arab Emirates, Iraq, Jordan, Syria, Oman, Qatar, Kuwait, Lebanon or Egypt)
- Reason related to current pregnancy (baby measuring bigger on scan, increased fluid around the baby or a high random blood glucose)



www.nhsgrampiandiabetes.scot.nhs.uk/gestational-diabetes-2/

