

What are the factors that increase the risk of developing gestational diabetes?

- Being 35 years of age or older
- Having an immediate family member with type 2 diabetes
- Having a body mass index (BMI) of 30 or more, or gaining more than the recommended amount of weight during the first two trimesters
- Being of Indigenous, Latin-American, Asian, Arab or African descent
- Having a multiple pregnancy (more than one fetus)
- Having previously given birth to a baby weighing more than 4.1 kg (9 lb.)
- Having had gestational diabetes before, or having been diagnosed with glucose intolerance or prediabetes
- Having polycystic ovary syndrome or acanthosis nigricans (discoloration of the skin)
- Regularly taking a cortisone medication

Even in the absence of risk factors, some pregnant women still develop gestational diabetes.

Resources

The Diabetes Québec pamphlet
Understanding and preventing type 2 diabetes

Diabetes Québec website
on the prevention of type 2 diabetes
preventiondiabete.ca

Ordre professionnel
des diététistes du Québec
opdq.org

Questions about diabetes?
InfoDiabetes Service
514-259-3422
1-800-361-3504
infodiabete@diabete.qc.ca

Diabetes School
Universi D
universi-d.com

Diabetes Québec
diabete.qc.ca

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Gestational diabetes

What is gestational diabetes?

Gestational diabetes is defined as high blood sugar in a pregnant woman who has never had diabetes before. It generally occurs around the end of the sixth month of pregnancy. In most cases, it disappears after the birth.

During pregnancy, the placenta produces hormones that create and maintain the correct conditions for a successful pregnancy but prevents insulin from working. Insulin is a hormone that lowers blood sugar.

In some pregnant women, the body fails to secrete enough insulin to offset the effect of the placental hormones. Sugar then accumulates in the blood and raises blood sugar.

Gestational diabetes does not increase the risk of birth defects or the risk that your baby will have diabetes at birth.

The symptoms may go unnoticed!



Unusual fatigue for a pregnant woman



Increased volume of urine or frequency of urination



Intense thirst



Headaches

How is gestational diabetes detected?

All pregnant woman should have one of the following tests between the 24th and 28th week of pregnancy:

- 1 A blood sugar reading one hour after drinking a sugary liquid
- 2 A fasting blood sugar reading, then a reading one hour and two hours after drinking a sugary liquid

Depending on your risk level, this test might be done sooner. You might also be asked to do both tests, depending on the results.

If you are diagnosed with gestational diabetes, you will be cared for by a health care team.

Additional appointments and ultrasounds may be necessary to ensure your and your baby's health.

Having blood sugar frequently above target levels increases the following risks:

For the mother

- Gestational hypertension or pre-eclampsia, a pregnancy complication characterized by high blood pressure and swelling
- A premature delivery
- A caesarian section or a more difficult vaginal delivery, due to the baby's weight
- Diagnosis of type 2 diabetes after the birth or in the years after the pregnancy

For the baby

- A weight heavier than average at birth (more than 4.1 kg or 9 lb.)
- Shoulders becoming blocked during the delivery
- Hypoglycemia at birth, also known as low blood sugar
- Jaundice, a lack of calcium in the blood or respiratory problems at birth

What are the target blood sugar values during pregnancy?

Fasting and before meals	Below 5.3 mmol/L
1 hour after the start of a meal	Below 7.8 mmol/L
2 hours after the start of a meal	Below 6.7 mmol/L

* From the *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.*

Your health care team will advise you when and how frequently to monitor your blood sugar.

Healthy lifestyle habits help manage gestational diabetes!

During pregnancy, it is recommended to eat a healthy and balanced diet and to exercise regularly, unless your doctor advises otherwise.

Treatment with drugs or insulin may also be necessary. It is not dangerous to use insulin during pregnancy. On the contrary, the risks for the mother and the baby are lower if it helps the mother keep her blood sugar at target levels.

A follow-up with a nutritionist is an important component in the treatment of gestational diabetes!

The delivery

During labour, your blood sugar must be kept within target levels as much as possible. The nursing staff will therefore take regular readings.

Medical teams are properly equipped to ensure a safe delivery for women with gestational diabetes.

After childbirth

Women who have had gestational diabetes are 13 times more likely to develop type 2 diabetes in the years that follow a pregnancy than women who didn't have gestational diabetes.

Consequently, it is recommended that you:

- have a blood test between 6 weeks and 6 months after giving birth to screen for prediabetes or type 2 diabetes;
- maintain healthy lifestyle habits to reduce the risk of developing type 2 diabetes or delay its onset.
- breastfeed if at all possible immediately after the birth and for the first four months.

