



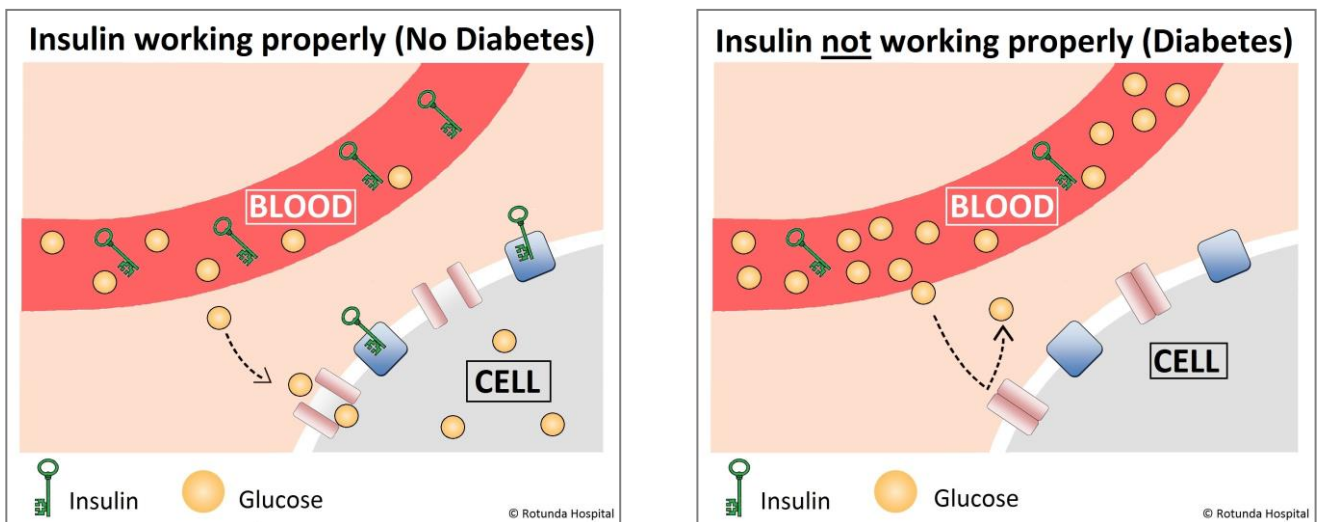
A Guide to Managing Your Gestational Diabetes

Date:	
Patient:	
Diabetes Midwife Contact:	087-3731693
Dietitian Contact:	01-2119381 or 01-8172548

What is gestational diabetes?

Gestational diabetes (GDM) is a condition where there is too much **glucose** (sugar) in your blood. It is a form of diabetes that develops during pregnancy and usually goes away after your baby is born.

Most of the glucose in your body comes from eating foods called **carbohydrates** (e.g. bread, cereal). A hormone called **insulin** normally controls the amount of glucose in your blood. It acts like a key to open the cells in your body so that glucose can enter and be used for **energy** (fuel).



High levels of **pregnancy hormones** from the placenta (usually during the 2nd and 3rd trimester) make it harder for insulin to work so your body needs to make more insulin than normal to manage your blood glucose levels.

GDM occurs when you can't make enough extra insulin to manage your blood glucose levels. Without enough insulin, the level of glucose in your blood rises higher than normal after eating carbohydrate.

GDM is one of the most common problems in pregnancy. Many factors put someone at risk of having GDM. It is not caused by what you ate or drank leading up to the glucose tolerance test.

Why is it important to manage gestational diabetes?

Women often feel worried and upset when they first find out that they have GDM. While it is good to know the problems that can come with poor management of gestational diabetes, it's important to highlight that **with well-managed diabetes, most women will go on to have a healthy pregnancy and baby.**

When GDM is poorly managed, high blood glucose levels during pregnancy can cause health problems for you and for your baby, such as:

- **Pre-eclampsia** (a serious condition with high blood pressure)
- **Polyhydramnios** (too much fluid around the baby in the womb)
- **Urinary Tract Infections** (UTI)
- **Macrosomia** (large baby)
- **Stillbirth**
- **Premature birth**
- **Induction of labour** (labour is started artificially)
- **Instrumental delivery** or Caesarean section
- **Shoulder dystocia*** (baby's shoulders get stuck during delivery)
- **Jaundice*** (yellowing of baby's skin and eyes)
- **Respiratory Distress Syndrome*** (breathing difficulties)
- **Hypoglycaemia*** (low blood glucose) and hypocalcaemia (low blood calcium).

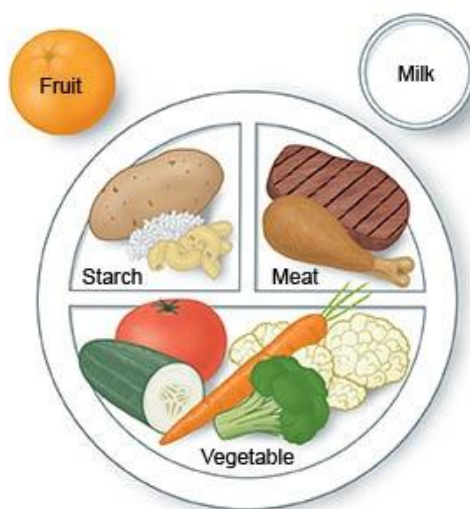
**If your baby develops any of these complications, they may need to go to the neonatal (baby) intensive care unit.*

Your diabetes team will work with you to manage your blood glucose levels to reduce the risks of any health problems for you and your baby.

How do I manage gestational diabetes?

For most women with GDM (about 8 out of 10 women), blood glucose levels can be managed with healthy lifestyle changes. A small number of women may also need medication or insulin to help manage blood glucose levels. Your diabetes team will make an individual plan with you.

FOOD CHOICES



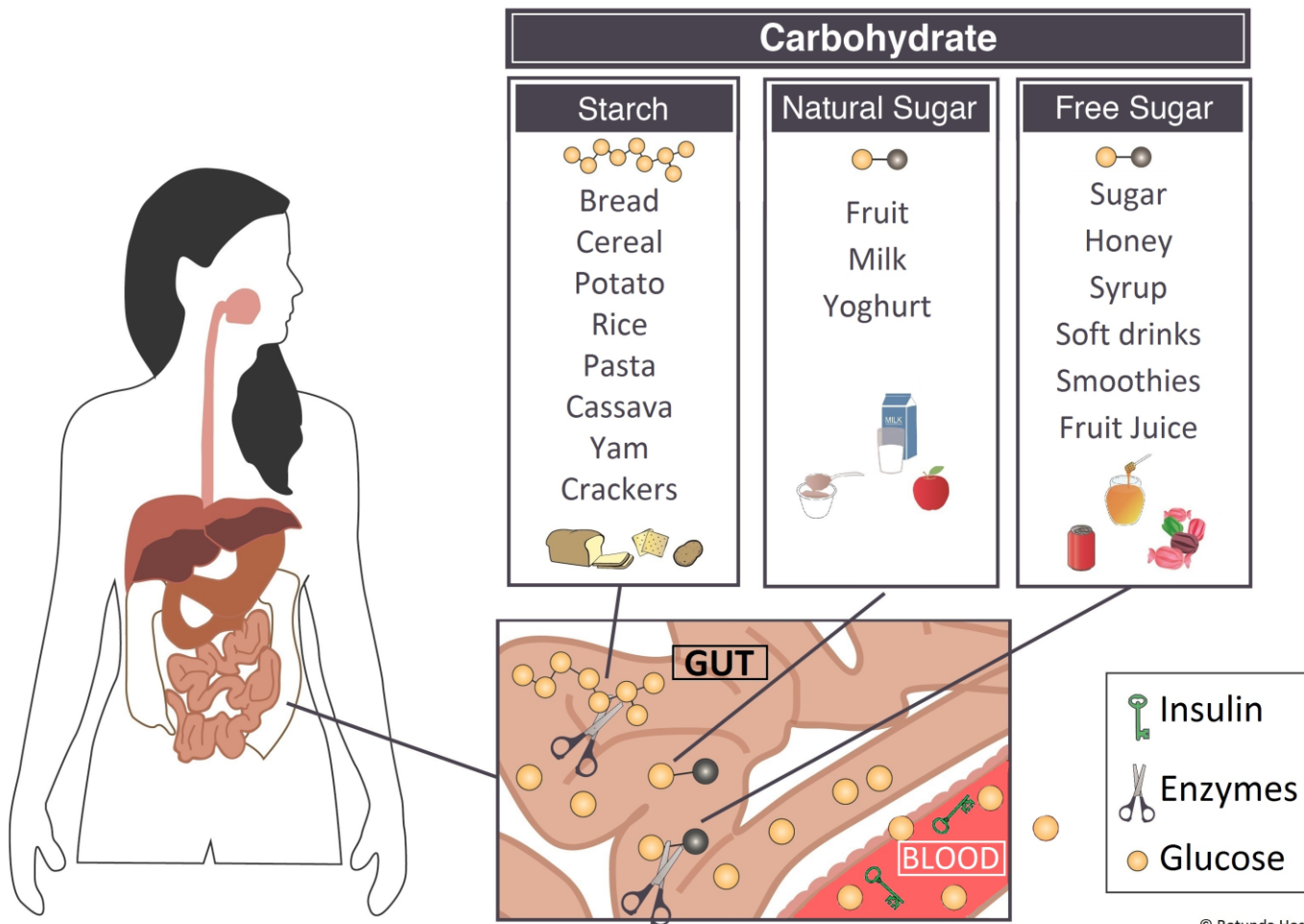
PHYSICAL ACTIVITY



This booklet will **help you to plan a healthy lifestyle** for pregnancy to manage your blood glucose levels.

How food affects your blood glucose level

Foods you eat contain three basic nutrients: protein, fat and carbohydrate. **Carbohydrates** have the largest effect on your blood glucose level as they all **break down into glucose** after you eat them (this is normal). Carbohydrates are found in many of the foods we eat:



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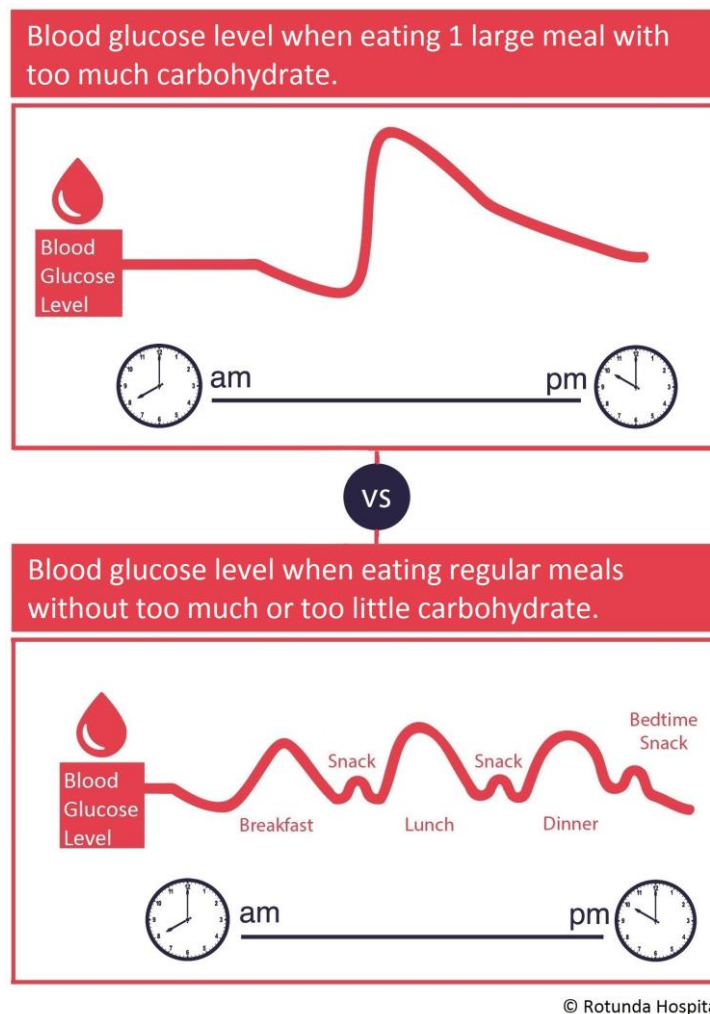
Even though you have GDM **you still need to eat carbohydrates, from starchy foods and natural sugars**, to get enough energy for you and your baby. The key to managing your blood glucose levels is to:

1. Eat **regular meals** and **snacks** containing carbohydrate
2. Choose the **right type** of **carbohydrate** foods that break down into glucose slowly
3. Watch your **carbohydrate portion** size; not too much and not too little

Step 1: Eat regular meals and snacks

To give you a **steady supply of energy** and help to **manage blood glucose** levels you should aim to spread your carbohydrate intake over:

- **3 regular meals** (for example, 4-5 hours apart).
 - Aim to eat breakfast no later than 1 hour of waking up.
- **2-3 small snacks** a day (1 between each of your meals).



To help avoid high blood glucose readings the next morning:

- Aim to eat your **evening meal ideally no later than 7.30pm**
- **Avoid fasting for more than 8-10 hours overnight** by including an evening snack with some carbohydrate and protein (see page 12 for snack ideas)

Step 2: Choose the right type of carbohydrate

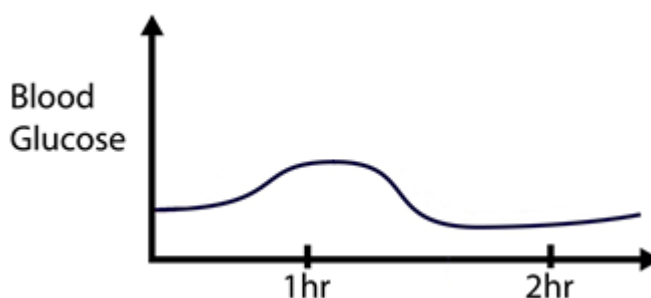
Unprocessed carbohydrate foods, which are **low in sugar** and **high in fibre** often release glucose more slowly. This may help to manage your blood glucose levels. They also have a higher nutritional value.



Try to choose these foods at most of your meals.

BETTER carbohydrate choices	
Bread	<ul style="list-style-type: none"> Wholegrain, multiseed, stoneground, rye, "Low GI", sourdough: for example, McCambridge® "Wholewheat" or "High Fibre and multiseed"; Johnson Mooney & O'Brien® "Great Grains"; Brennans® "Wholegrain Chia" or "Be Good" wholegrain (<i>Aim less than 15g carbohydrate per slice of bread</i>) Pita, chapatti, roti made from chickpea or whole-wheat flour. Wholemeal or seeded tortilla wrap
Cereals	<ul style="list-style-type: none"> Jumbo porridge oats, All Bran® (sticks) or Shredded Wheat®.
Grains	<ul style="list-style-type: none"> Whole-wheat pasta, white pasta. Egg noodles, white basmati rice, brown rice. Whole barley, quinoa, wholemeal couscous.
Potato	<ul style="list-style-type: none"> Boiled new or baby potatoes (with skin). Sweet potatoes, yams, cassava.
Snacks	<ul style="list-style-type: none"> Rye crispbread with seeds (e.g. Ryvita®), oatcakes. Popcorn (preferably unsalted).
Fruit	<ul style="list-style-type: none"> Apple, pear, peaches, plums, berries, fresh figs, kiwi, oranges.
Milk & Yoghurt	<ul style="list-style-type: none"> Plain, Greek, natural, "diet" and no added sugar yoghurts, for example, Danone® "Activia 0%", Muller® Light, Irish yoghurts® Diet, (<i>Aim less than 12g carbohydrate per serving</i>) Whole, low-fat and skimmed milks. Milk alternatives (soy, nut and oat milks) with <u>no added sugar</u> (<i>aim for 5g total carbohydrate per 100ml, or less</i>).

This image shows a normal blood glucose level one hour after eating a meal.

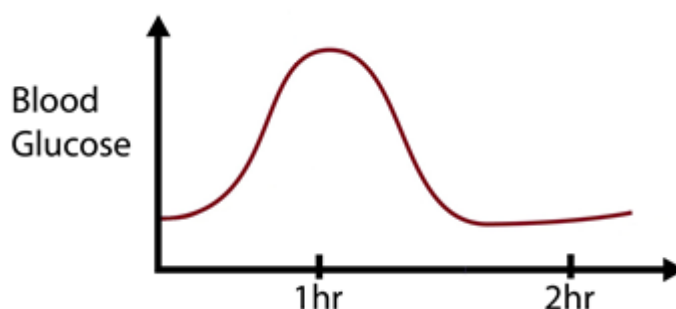


Highly processed carbohydrates (often “white” carbohydrates) can produce a faster, higher rise in your blood glucose levels and have lower nutritional value. Every pregnancy is unique and some women may tolerate these foods in small amounts or with a mixed meal (containing protein and fat). Use your blood glucose records to see how well you can tolerate these foods.



X In general, try to limit or avoid these foods:

Carbohydrate choices to LIMIT or AVOID	
Bread	<ul style="list-style-type: none"> • White and wholemeal breads. • “Thick cut” or “doorstep” breads (even if wholegrain) • White bagels, bread rolls, chapatti and panini.
Cereals	<ul style="list-style-type: none"> • All other breakfast cereals including: quick-cook oats, muesli, Weetabix®, Shreddies®, Ready-Brek®, Coco-Pops®, Cornflakes®, Rice Krispies®, Branflakes®, Granola, Special K®.
Grains	<ul style="list-style-type: none"> • Easy-cook/ long grain rice or jasmine rice. • Rice noodles or instant noodles (e.g. Pot Noodles).
Potato	<ul style="list-style-type: none"> • Mashed potato, chips, potato croquettes, waffles.
Snacks	<ul style="list-style-type: none"> • Crisps, corn snacks, white crackers, rice cakes. • White scones, cakes, biscuits, cereal bars.
Fruit	<ul style="list-style-type: none"> • Bananas, grapes, mango, pineapple and melon. • Tinned fruit in syrup, dried fruits, fruit juices and smoothies.
Milk & Yoghurt	<ul style="list-style-type: none"> • Yoghurts with added sugar or fruit compote. • Yoghurt drinks (Yop®, Yazoo®). • Flavoured milk and milkshakes. Milk alternatives with sugar.
Other	<ul style="list-style-type: none"> • Breaded or battered meat, fish and chicken. • Pastries, pizza, yorkshire pudding. • Ready-made sauces with added sugar.

This image shows a high blood glucose level one hour after eating a meal.



Choose alternatives to high sugar foods:

	 Choose low sugar foods	 Limit high sugar foods
Sugar	<ul style="list-style-type: none"> Artificial sweeteners (Splenda®, Stevia®, Canderel®) 	<ul style="list-style-type: none"> Sugar (brown/ white). Honey, syrups, treacle.
Spreads	<ul style="list-style-type: none"> Sugar-free peanut butter Sugar-free nut & cocoa spread Hummus, cheese spreads 	<ul style="list-style-type: none"> Jams, marmalade, chocolate spread.
Drinks	<ul style="list-style-type: none"> Diet fizzy drinks, No-added sugar squash, Low calorie hot drinks (e.g. Highlights®, Options®) 	<ul style="list-style-type: none"> Full sugar fizzy drinks, juices, hot chocolate.
Snacks, sweets and desserts	<ul style="list-style-type: none"> Sugar-free gums, mints and boiled sweets. No-added sugar jelly and desserts. 2 x Rich Tea, Oat biscuits (Nairns®), or Marietta. 1 x Fibre One bar®, Nature Valley protein bar®, Kind® bar A few squares of dark chocolate with a handful or nuts <p><i>The options above all contain about 10g carbohydrate per portion (check the labels) Limit these snacks to occasionally so they don't replace other more nutritious snacks.</i></p>	<ul style="list-style-type: none"> Sweets, chocolates, biscuits, muffins, cakes. Desserts with added sugar. Cereal bars.
Soups & sauces	<ul style="list-style-type: none"> Home-made soups and sauces (e.g. with tinned tomatoes/ passata, garlic, ginger, herbs, spices, soya sauce, vinegar). Reduced sugar baked beans. 	<ul style="list-style-type: none"> Ready-made sauces, meals and soups. Baked beans and tinned spaghetti (<i>added sugar</i>).

Read the ingredients label: Look for foods with *sugar, glucose, maltose, dextrose, honey, syrup, fructose or fruit juice* **added as they can all raise blood glucose levels.**

'Diabetic' foods (sweets, biscuits, cakes) are **not recommended**. They can still contain carbohydrate and sweeteners which may cause stomach cramps. They can also be high in fat, which may lead to extra weight gain.

Medications for heartburn or constipation may contain sugar. Choose "Gavison Advance" or "Sugar-free Rennie" or speak with your pharmacist for advice on suitable sugar-free alternatives.

Step 3: Watch your carbohydrate portions

Eating the right amount of carbohydrate (not too much or too little) helps to manage your blood glucose levels and ensure you get enough nutrition.

As a general guide, most women will need to eat:

- ✓ **1-2 carbohydrate “choices” at breakfast**
- ✓ **3-4 carbohydrate “choices” at lunch and dinner**
- ✓ **and 1 carbohydrate “choice” at snacks**

The foods below all contain a similar amount of carbohydrate (10-15g) in one serving (or “choice”). Use these choices as building blocks to reach the recommended amounts to carbohydrate at meals and snacks

1 carbohydrate choice equals:

Food	Serving size (1 carb. choice)
All Bran®(sticks)	30g
Shredded Wheat®	1 biscuit (22g)
Porridge (jumbo oats)	20g / ¼ cup/ 2 tbsp (oats)
Bread (e.g. wholegrain, stoneground or low GI)	1 medium slice (30-35g)
Pitta bread (wholemeal)	1 small (30g) or ½ large (60g)
Chapatti or Roti (wholemeal or chickpea flour)	35g
Tortilla wrap (wholemeal or seeded)	½ of 8"wrap (full weight 60g)
Seeded rye crisp breads (e.g. Ryvita®)	2 crackers
Wholegrain/seeded oat crackers	2 -5 crackers (check label)
New or baby potato (boiled)	100g or 3 baby potatoes
Sweet potato	75g (boiled) or 50g (baked)
Roast baby potatoes or wedges (homemade)	50g (cooked)
Yam (1 slice) or plantain (unripe)	45g (boiled)
Cassava	50g (raw)
Pasta, rice (brown /basmati) or egg noodles	50g (cooked) or 20g (uncooked)
Couscous (semolina)	70g (cooked) or 20g (uncooked)
Tapioca flour	1 heaped tblsp (15g)
Fruit	1 medium / 2 small/ 1 cup of berries
Yoghurt (plain unflavoured natural/Greek)	200g
Yoghurt (low sugar fruit flavoured)	125g pot
Cow's milk or Oat milk (no added sugar)	200ml glass
Milk alternatives (almond, soy, coconut) with no added sugar	Do not need to be counted as a carbohydrate choice

Carbohydrate-free foods

The following foods contain little or no carbohydrate and do not cause blood glucose levels to rise much. After you have chosen your carbohydrate choices add these foods at meals and snacks to help to meet your nutritional needs and fill you up.

Vegetables:

- Aubergine
- Asparagus
- Avocado
- Bean sprouts
- Bok choy
- Broccoli
- Brussels sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Courgette
- Cucumber
- Salad greens
- Mushrooms
- Olives
- Onions
- Peppers
- Radish
- Sugar snap peas
- Tomatoes

Some vegetables contain carbohydrate (e.g. peas, beans, lentils and sweetcorn), but this carbohydrate is broken down very slowly into glucose. If you plan on eating more than ½ cup (125g) of these foods at one time, you may need to count this as 1 carbohydrate “choice”. This will depend on how these foods affect your blood glucose levels.

Protein foods:

- Meat, fish, chicken (lean cuts with no breadcrumb/batter)
- Eggs
- Cheese
- Nuts, nut-butters (sugar-free) and seeds
- Tofu, tempeh, soya

Fats and oils (use sparingly):

- Butter or ghee
- Vegetable spreads
- Vegetable and olive oils
- Mayonnaise (made from pasteurised egg) and pesto

Checklist for healthy eating for pregnancy

Healthy eating for GDM means getting enough nourishment for pregnancy and to help baby's growth and development.



1. Eat **regular meals** with the **right amount** and **type** of **carbohydrate** to provide you and your baby with **energy**.



2. Include **protein** (meat, fish, chicken, eggs, cheese, legumes e.g. beans, lentils) at **all meals** and **snacks** to support a healthy pregnancy and help manage blood glucose levels.



3. Eat **2-3** choices of **fruit** (1 at a time, usually not at breakfast) and plenty of **vegetables** each day for **vitamins** and **fibre**.

✓ Eat a range of colours for a variety of vitamins.



4. Eat **3-5** servings of **dairy** or **milk alternatives** (unsweetened) each day for **protein** and **calcium**.

✓ Choose low-fat options and avoid any soft, mould-ripened or un-pasteurised cheeses.



5. Eat **healthy fats** (nuts, seeds, avocado, olive and rapeseed oils).

✓ Avoid fast food, processed meats, cakes and biscuits.

✓ Eat oily fish (salmon, trout, mackerel, sardines) 1-2 per week or take a fish oil supplement (*not cod liver oil*) for **omega-3** to support baby's brain development.

✓ Omega-3 is also found in soya (beans, milk & tofu), nuts and seeds (for example, walnuts and chia seeds) and vegetable oils (for example, linseed and rapeseed oil)



6. Get enough **vitamin D** (eggs, salmon, mackerel, sardine and fortified milks) to help your body absorb calcium.

✓ You should take a **daily vitamin D supplement** containing 10 µg vitamin D (Pregnancy multivitamins usually contain this amount - *Do not take cod liver oil in pregnancy*).

Putting it all together: Your sample meal plan

Use the **meal-plan** below and the list of **carbohydrate “choices”** on **page 9** to plan your meals (remember to include protein at all meals and snacks).

Use your blood glucose levels after meals to learn how your body responds to different foods. Meals should always be changed to suit your individual needs if needed. Talk to your dietitian about a plan that is right for you.

Breakfast: (2 carbohydrate choices)

- ✓ 1 slice wholegrain toast + 1 pot diet yoghurt (see list on page 6)
- or 2 slices wholegrain toast + egg/cheese, avocado and tomato
- or 1 slice wholegrain toast + small tin (200g) low sugar baked beans
- or Shredded Wheat®/ (45g) All-Bran®sticks + 150ml milk
- or 40g porridge (2 scoops jumbo oats + water) + boiled egg or nuts
- or 30g porridge (2 scoops jumbo oats) made with 200ml milk

Morning hormones can make managing blood glucose levels at breakfast harder than after other meals. Some women may need to limit to 1 carbohydrate choice at this meal and avoid cereals.

Morning snack: (1 carbohydrate choice)

- ✓ 2 Ryvita® crackers or 3-5 oats cakes (check the label)+ 30g cheese
- or 2-3 oatcakes and 2 dessertspoons hummus with carrots and peppers
- or 1 pot of plain yoghurt with 3 spoons of berries.
- or small pot low sugar fruit yogurt (see list on page 6)
- or 200ml milk (small glass) or small latte or cappuccino
- or 1 piece of fruit + small handful of nuts or nut butter (no sugar)
- or 1 slice of bread + turkey/chicken/cheese + salad.
- or popcorn (15g bag) + handful of nuts.

Lunch: (3-4 carbohydrate choices)

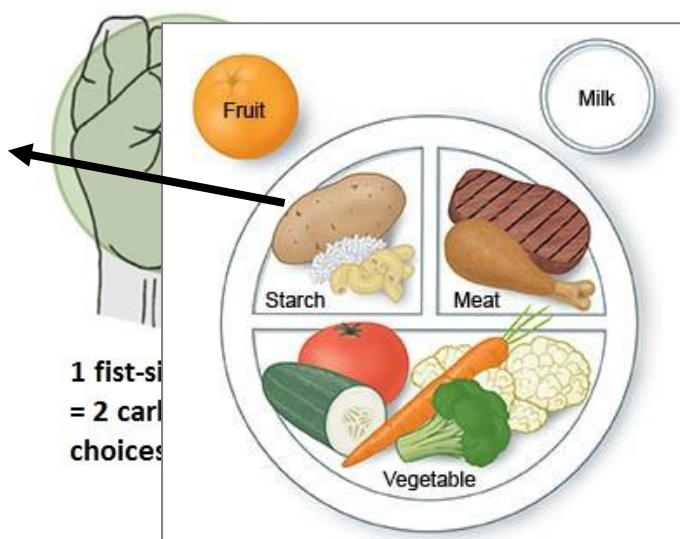
- ✓ 2-3 wholegrain bread or 1-1½ wrap or 100-150g cooked rice/pasta or 200-300g boiled potatoes
- ✓ **and** meat or fish or chicken or eggs or cheese or beans
- ✓ **and** vegetables or salad or homemade soup
- ✓ **and** 1 fruit/1 milk/1 yoghurt (see list on page 6)
- ✓ **and** a small amount healthy fats for example, spread, vegetable oil, mayonnaise, pesto

Afternoon snack: (1 carbohydrate choice) – see morning snack ideas

Dinner: (3-4 carbohydrate choices)

- ✓ 2-3 wholegrain bread or 1-1½ wrap or 100-150g cooked rice/pasta/egg noodles or 200-300g boiled potatoes or 70g-100g wholemeal chapatti
- ✓ **and** meat or fish or chicken or eggs or cheese or beans
- ✓ **and** vegetables or salad or homemade soup
- ✓ **and** 1 fruit/1 milk/1 yoghurt (see list on page 6)

Supper: (1 carbohydrate choice) – see morning snack ideas



This is an example of a meal containing 4 carbohydrate choices. It may be helpful to picture your plate like this when planning your meals.

You should never go hungry or lose weight. If you do, ask to speak with your dietitian to make sure you are getting enough nourishment.

Weight gain during pregnancy

It is normal to gain weight during your pregnancy. This weight comes from the growth of your body, the baby and placenta (afterbirth). Gaining too much or too little weight can affect your pregnancy and your baby's health.



You do not need to gain weight in the first trimester, although women often gain a couple of kilos. The amount of weight you need to gain from the 2nd trimester depends on your BMI (Body Mass Index) at the start of pregnancy.

BMI under 25: Expect to gain about **0.4 - 0.5kg each week**

BMI over 25: Expect to gain about **0.2kg each week**

These targets do not apply to women expecting twins or more.

It is important to **check your weight regularly** (every 2 weeks) when following the GDM lifestyle plan. **Write it in your blood glucose diary** (there's space to write it on the first page) and your diabetes midwife will ask you about your weight at each telephone clinic visit. If you feel you are gaining too much or too little weight, ask to speak with your dietitian for some extra help.

You should not lose weight at any stage during pregnancy. If you are overweight, the best time to lose weight is before or after pregnancy.

Physical activity and gestational diabetes

Regular physical activity is an important part of a healthy pregnancy and helps lower your blood glucose levels.

- Aim to build up to **30 minutes of suitable exercise** most days of the week. This can be broken into 2 x 15mins or 3 x 10mins during the day.
- A 10-15 min. walk after meals can help manage blood glucose levels.



Walking, swimming, yoga and gentle exercise classes are all good options. If you are unable to do any of these activities, upper-arm exercises can also be effective in reducing blood glucose levels (*Always ask your doctor before starting a new activity, especially if you have any health problems or pain*).

You can find some useful physical activity videos on:

- Rotunda.ie/diabetes
- "The Bump Room" on YouTube

Monitoring your gestational diabetes

The Diabetes Midwife will give you a glucometer to check your blood glucose levels. Refer to the booklet 'A guide to checking your blood glucose levels' and the video on rotunda.ie/diabetes for more information.

Most women will be asked to check their blood glucose levels 4 times every day. If you are less than 28 weeks pregnant you will be asked to check your blood glucose levels 4 times per day, but only 2 days per week.

Target blood glucose levels are:

- Less than 5.3 mmol/l fasting
- Less than 7.8 mmol/l 1 hour after you finish eating

Please write your blood glucose levels in the diabetes diary provided (see sample below). It is helpful to circle any blood glucose readings above the target value and note anything that might have caused this. For example, eating a larger meal than normal or eating a food that is high in sugar.

		Breakfast		Lunch		Evening meal		Before bed	
		Before	After*	Before	After*	Before	After*		
Monday		4.5	6.5		6.8		6.7		
		Carbs		Carbs		Carbs		Carbs	
Tuesday		4.7	8.5		6.5		6.3		
		Carbs		Carbs		Carbs		Carbs	Very large bowl of porridge
Wednesday		4.3	6.9		8.6		6.4		
		Carbs		Carbs		Carbs		Carbs	White bread at lunch

You will be given an appointment time for the “**Breakfast Club**” telephone clinic with the diabetes midwife **every 2-4 weeks** to see how things are going for you. You do not need to come in to the hospital for this appointment.

Common issues and troubleshooting

High fasting blood glucose (over 5.3mmol/l) in the morning:

- Check your carbohydrate servings at your evening meal aren't too big.
- High fat foods at your evening meal (e.g. creamy sauce, fried foods) can raise blood glucose levels overnight. Consider lower fat options.
- Aim to eat your evening meal before 7.30pm.
- Have an evening snack (carbohydrate and protein) and don't fast for longer than 10 hours overnight (see snack examples on page 12)
- Try some activity in the evening, if able (just 10-15 minutes can help)

High blood glucose (over 7.8mmol/l) after breakfast:

- Breakfast cereals, even high fibre options, do not work well for many women. Some women will need to avoid cereals completely.
- If you eat bread, choose an unprocessed, high fibre choice (see page 6) with less than 15g carbs per slice. Try lower carb options (e.g. 2 slices of Brennan's "Be Good" Wholegrain or one slim multi-seed bagel).
- Always include protein (eggs, bacon, cheese, nuts) with your meal.
- Consider reducing to 1 carbohydrate choice at this meal and another 1 carbohydrate choice after your 1 hour blood glucose check.

High blood glucose (over 7.8mmol/l) after other meals:

- Check your carbohydrate servings aren't too big (weigh to check).
- Are you choosing slow-releasing carbohydrate foods (see page 6)?
- Always include protein and vegetables with each meal.
- Check for any hidden sugar in sauces, yoghurts and medications.
- Consider 10-15 minutes of physical activity after your meal.

Common issues and troubleshooting

Feeling hungry or losing weight?

- This may be a sign you need to eat more food.
- Check your carbohydrate servings are not too small (see page 9).
- If your blood glucose level is well below 7.8mmol/l one hour after your meal, add another carbohydrate choice.
- Always include a snack between each of your meals and consider adding extra protein and vegetables to bulk up your meals.
- If you need to eat less than the recommended amounts of carbohydrate to manage your blood glucose levels, you should discuss this with your diabetes team.

What happens if I am following the GDM food and activity plan but still getting high blood glucose levels?

- Some women with GDM (about 10-20%) may need medication or insulin as well as the food and activity plan to help their body manage their blood glucose levels.
- The diabetes team will decide on the best plan with you based on your blood glucose levels, weight gain and looking at your nutrition needs for pregnancy.

If you still feel you **need extra help with your diabetes diet**, you can **ask your midwife to refer you to the dietitian** or **phone the dietitian** on 01-2119381 or 01-8172548 to arrange a telephone consultation.

Feeding your baby

Breastfeeding is encouraged for all women. It can protect you and your baby against developing diabetes, obesity and other illnesses later in life.

Babies born to women with diabetes may be at higher risk of low blood glucose levels after they are born. We will check your baby's blood glucose levels for the first 24 hours to make sure their levels are not too low. You will be encouraged to feed your baby frequently (every 2-3 hours) to help prevent low blood glucose levels.

Expressing colostrum (the first milk that your breasts produce) before your baby is born means that you will have a supply of breast milk available for your baby if needed. This reduces the need to use infant formula. Generally, you may start expressing colostrum from 37 completed weeks of pregnancy or 2 weeks before your due date.



Ask your midwife or doctor for more information on antenatal expression, individual advice **on how to hand express** and to **collect a colostrum harvesting pack**.

Will I have diabetes after my baby is born?

For most women with GDM, blood glucose levels will return to normal after their baby is born. However, **it is important that you attend for a “Glucose Tolerance Test” 6 weeks after your baby is born** to check your blood glucose level has returned to normal.

IMPORTANT: If you are not given an appointment for a repeat Glucose Tolerance Test after discharge, please contact appointment scheduling (01 873 0596) to arrange one.

Women who develop GDM are at higher risk of developing **type 2 diabetes** (50% of women with GDM may go on to develop diabetes). Type 2 diabetes is a life-long condition that can increase the risk of health problems such as heart disease and eye problems. It is important to **attend your GP every year to test for diabetes**.

To help delay or prevent the development of type 2 diabetes you should continue to eat a healthy diet, take daily physical activity and lose some weight if you are overweight. Discuss your diagnosis of GDM with your GP and ask them to refer you to a community dietitian, if available, if you would like extra support managing your weight.

Future pregnancies

For future pregnancies, **you will not be re-tested for GDM**. You will need to start following the diet and lifestyle guidelines from the beginning of your pregnancy. At your booking visit, your midwife will give you a new glucometer pack and instructions on how to monitor your blood glucose levels. If your BMI is greater than 30 you will also need to take a high-dose supplement (5mg) of folic acid for the first 12 weeks of pregnancy (this is only available on prescription – please discuss with your GP).

Getting extra support with your diabetes

It can be a difficult time adjusting to your diagnosis, trying to process all of the new information you receive and practising the new skills needed to manage your diabetes. Knowing where to get extra information and support can help.

Visit the diabetes section of the **Rotunda website** (www.Rotunda.ie/diabetes) for some extra resources:



- A recording of the GDM “Lifestyle Class” webinar.
- A video demonstrating how to use your glucometer.
- Exercise videos from Rotunda physiotherapists.
- A recipe booklet
- Information translated into other languages (Russian, Chinese, Polish, Arabic and Romanian).
- Indian and African food choices.



You can also call the **dietitian** (01-2119381 or 01-8172548) or **diabetes midwife** (087-3731693) if you have any concerns or questions about your diabetes management.

You should keep an eye on the **Rotunda Instagram** and **Facebook** pages for some extra tips and resources around the holidays.



If you are feeling particularly anxious, worried or overwhelmed about your diagnosis of GDM, please call our **Mental Health team** on 01-8730632 **for extra support.**



Developed by the Diabetes Dietitians and Diabetes Midwives at The Rotunda Hospital, in collaboration with dietetic colleagues at The National Maternity Hospital, The Coombe Women and Infants University Hospital and Cork University Maternity Hospital.

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