



# GESTATIONAL DIABETES

*What You Need to Know*

## What is Gestational Diabetes?

Gestational diabetes, also known as gestational diabetes mellitus (GDM), is a type of diabetes that begins during pregnancy. It happens when you have higher-than-normal blood sugar (glucose) levels during pregnancy.

Although someone with GDM may not show symptoms, it can lead to serious complications for the mother and the baby.

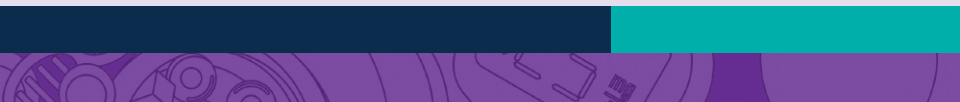
**The good news:** You can manage GDM and have a healthy baby.

## What increases my chances of having GDM?

You are more likely to develop GDM if:

- you have polycystic ovary syndrome (PCOS)
- someone in your family has diabetes
- you are 35 years and older
- you are obese
- you are gaining more weight during pregnancy than recommended
- you had a previous baby weighing over 4 kg (8.8 lb)
- you had GDM in a previous pregnancy
- you belong to a high-risk ethnic group (e.g., First Nations, South Asian, South-East Asian, Pacific Island, African, and Latin American)
- you have certain lifestyle risk factors (e.g., poor sleep, poor diet, smoking)

***If you experience one or more of the above, talk to your doctor about getting screened for GDM earlier in your pregnancy.***



## How do I get screened for GDM?

- Being screened for GDM means that your healthcare provider will measure the amount of sugar in your blood with a blood test.
- Screening usually takes place between 24 and 28 weeks of pregnancy but can be done at anytime.

## What does a diagnosis of GDM mean for me?

Being diagnosed with GDM means that you may have to make some changes to keep you and baby healthy throughout your pregnancy. A diagnosis of GDM may increase your chances of having:

- high blood pressure during pregnancy (pre-eclampsia)
- type 2 diabetes later in life
- a baby with a weight that is higher than normal – this can lead to complications such as pre-term birth, prolonged labour, and unplanned caesarean section

## What does a diagnosis of GDM mean for my baby?

If GDM goes unmanaged, your baby may:

- weigh more than normal, putting them at risk of injuries during birth
- have low blood sugar after birth, which could cause drowsiness
- be at higher risk of health conditions later in life such as type 2 diabetes, obesity, and heart disease



## What can I do to prevent GDM?

Some healthy habits and behaviours can help to prevent GDM. These include:

- being active before and during pregnancy (i.e., 150 minutes of physical activity every week)
- enjoying good quality sleep (i.e., 8 to 9 hours of sleep per day)
- eating healthy foods (i.e., a diet rich in vegetables, fruits, plant protein, and lean meats)
- consuming probiotic-rich products (e.g., yogurt)



## How is GDM managed?

GDM can be managed by eating healthy, being physically active, and monitoring your blood sugar levels. Your healthcare provider may also recommend medications such as insulin or metformin to help.

- **Eating Healthy.** Enjoy a variety of healthy foods by following Canada's Food Guide and choose foods that are high in fibre.



### Water

Make water your drink of choice. Other healthy drink options can include white milk (unsweetened lower-fat), and fortified plant-based beverages (unsweetened).

### Fruits and Vegetables

Fill half your plate with fruits and vegetables for every meal.



### Protein Foods

Fill a quarter of your plate with protein foods.

### Whole Grain Foods

Fill a quarter of your plate with whole grain foods.

*Talk to your dietitian about how to eat healthy to manage GDM.*

## Examples of foods rich in fibre:

### Whole grain foods

(e.g., oats, quinoa, whole grain rice, whole grain bread)



### Pulses

(e.g., lentils, chickpeas, kidney beans, baked beans)



### Fruits and vegetables

(e.g., spinach, broccoli, lettuce, cucumber, carrot, berries, apple, peach, orange)



- **Being Active.** 150 minutes of physical activity every week (e.g., 30 minutes of physical activity five days a week) is recommended during pregnancy, including those with GDM. Discuss with your healthcare providers about the type of physical activity that is most suitable for you (e.g., walking, gardening, housework, playing actively with children, yoga).
- **Monitoring Your Blood Sugar.** You will need to monitor your blood sugar more regularly. Talk to your healthcare provider about how to monitor your blood sugar levels.

## What should I do after having my baby?

For most people, GDM usually goes away after giving birth. However, you may be more likely to develop type 2 diabetes later in life. The following are recommended.

- Continue eating healthy by following Canada's Food Guide.
- Keep being physically active.
- See your healthcare provider 6 weeks after having your baby to be re-tested for diabetes.
- Breastfeed your baby if you can.
  - ◆ Breast milk is the best food for babies for the first 6 months of life.
  - ◆ Breastfeeding may help prevent your baby from developing diabetes later in life.
  - ◆ Breastfeeding helps your body return to your pre-pregnancy weight, which can help prevent you from developing type 2 diabetes later in life.



## What supports are available to me?

If you live in Saskatchewan and have been diagnosed with GDM, there are resources and supports available to you.

- **HealthLine 811**  
Call 811 to speak to a registered nurse, available 24 hours a day.
- **Eat Well Saskatchewan**  
Call 1-833-966-5541 to speak to a registered dietitian.
- **Live Well Chronic Disease (Diabetes) Management Program**  
Provides education, self-management, and support for people living with different forms of diabetes. Ask your healthcare provider for a referral or call 306-655-2136.
- **Diabetes Canada**  
Provides access to online tools and resources to support people living with different forms of diabetes. Call 1-800-226-8464 or visit [www.diabetes.ca](http://www.diabetes.ca).

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