

Gestational Diabetes Mellitus (GDM)

A guide to antenatal and postnatal care
in Rotherham



Obstetrics & Gynaecology

patient**information**



The Rotherham
NHS Foundation Trust

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Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Slovensky

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani

كوردی سۆرانی

نەگەر تۆ یان کەسێک کە تۆ دەبناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی لەم بەلگەنامە بە تێبگات یان بیخوێنێتەوه، تکایە پەیوەندیمان پێوه بکە لەسەر ناو ژمارەییە سەروددا یان بەو نێمەیلە.

Arabic

عربي

إذا كنت انت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Gestational Diabetes Mellitus

The Team

- Consultant Obstetrician
- Diabetes Specialist Midwife
- Diabetes Specialist Dietitian
- Diabetes Specialist Nurse

What is Gestational Diabetes Mellitus?

Approximately 3% of women develop diabetes during pregnancy. This is called "Gestational Diabetes" (GDM)

Gestational Diabetes Mellitus (GDM) is a form of diabetes that usually starts after the first 12 weeks of pregnancy. It occurs because a combination of hormones produced due to pregnancy raise the glucose levels. As well as this the insulin the body produces does not work as effectively in pregnancy.

How is it diagnosed?

All women at risk of developing GDM will be offered a Glucose Tolerance Test (GTT) at around 26 weeks of pregnancy. These results are then reviewed and those with a fasting blood glucose level of more than 5.6mmol/L or with a 2 hour blood glucose level of more than 7.8mmol/L will be diagnosed as having GDM.

Who is offered Oral Glucose Tolerance Test (OGTT)?

- Previous GDM or impaired glucose tolerance test
- BMI above 30kg/m²
- Previous baby weighing 4.5kg or above OR previous baby above the 90th Centile
- Family History of Diabetes (1st degree relative with diabetes)
- Minority ethnic family origin with a high prevalence of diabetes (African, Caribbean, Black African, Chinese or South Asian)
- Previous stillbirth
- PCOS
- Long term steroid use or anti-psychotic medication \geq 3 months

In current pregnancy:

- If the baby grows above the 90th Centile.
- Polyhydramnios (Increased fluid around the baby)
- Excessive thirst or increased Urine output
- Glycosuria (presence of Glucose in the urine \geq 2+ on 1 occasion or Glycosuria \geq 1+ on 2 occasions)

Special circumstances:

- OGTT is cannot be done patient with gastric bypass - they can have blood glucose monitoring instead. Gastric band patients can have OGTT
- GDM can occur at any time, but OGTT's are not indicated/cannot be interpreted after 32weeks

What happens now?

It is important to control the level of glucose in your blood during your pregnancy.

You will be invited to attend an education session at Greenoaks where you will meet members of the diabetes team and be taught how to test your blood glucose levels using a blood glucose meter. You will also be advised when and how to record your blood glucose levels. You will be informed about how to record it on a Health App. We have produced a series of videos to help you with this which can be found on The Rotherham NHS Foundation Trust website on the following link:

http://www.therotherhamft.nhs.uk/Maternity_and_Gynaecology/User_Content/Gestational_Diabetes/

You will also be given dietary advice and support to help control your blood glucose levels.

You will be seen regularly throughout your pregnancy by the Obstetric Diabetes team at Greenoaks. This comprises of a Consultant Obstetrician, a Diabetes Specialist Midwife, a Diabetes Specialist Dietitian and a Diabetes Specialist Nurse. You will be given the contact telephone numbers should you require further support.

When GDM is well controlled and your blood glucose levels are within the target ranges this should help to prevent your baby from becoming too big, making delivery much safer and easier.

Gestational Diabetes Mellitus

If GDM is not well controlled, the extra glucose that passes through the placenta can cause the baby to grow too big. This may cause problems during the delivery of your baby. (Refer to targets on Page 11)

What treatment is available?

- Diet
- Exercise / Activity
- Tablet (Metformin)
- Insulin Injections

Diet

Blood glucose levels can usually be controlled by making changes to your diet. The Diabetes Specialist Dietitian will discuss appropriate food choices and how to plan your meals to keep your blood glucose levels stable.

Here are some basic eating tips, your dietitian will give you further advice:

- Avoid full sugar pop, full sugar cordial and fruit juices
- Avoid adding sugar to hot drinks or foods
- Eat starchy carbohydrates with each meal (i.e. bread, cereal, pasta, potatoes or rice)
- Choose more wholegrain, fibre rich or oat based foods
- Eat plenty of salad or vegetables with each meal

Exercise

Regular exercise / activity can help to keep your blood glucose stable, and is good for your general health. It is recommended you undertake 30 minutes of gentle exercise a day, for example, walking or swimming.

Your Diabetes Team can give you advice on what is best for you.

If your blood glucose levels cannot be controlled by diet, you will need to have a tablet called metformin and/or insulin. These treatments will be explained to you by a member of the Diabetes Team.

Targets (your blood glucose levels)

- Before meals your blood glucose should be **Less than 5.3mmol/L**
- 1 hour after food your blood glucose should be **Less than 7.8mmo/L**

You will be given full support throughout your pregnancy from the Diabetes Team (see contact numbers on reverse).

Labour and delivery

The Obstetrician (Doctor) will plan the safest time for delivery with you. This is usually around 38-40 weeks. This will depend on the size of your baby. During your pregnancy you will have had regular growth scans on your baby. The results will be plotted on a chart in your antenatal notes and discussed with you in clinic.

We will ask you to check your blood glucose level to ensure it does not rise above 7mmol/L during labour. You may need insulin via a drip if your bloods glucose levels are high at this stage.

If you have needed insulin injections to control your blood glucose levels during pregnancy, when you go into labour, your blood glucose will be controlled with insulin given through a drip into your arm. The aim is to keep your blood glucose levels no higher than 7mmol/l.

Will diabetes go away after my baby is born?

Once your baby is born, you should be able to stop all blood glucose testing, metformin and insulin injections. In 9 out of 10 women GDM will go away.

It will be necessary for the Midwives to check your baby's glucose levels by doing a "heel prick" test during the first 24 hours following the birth. This is a good way of detecting hypoglycaemia in your baby.

We encourage skin to skin contact at delivery and early feeding of your baby to help prevent hypos. We advise you feed your baby within 1 hour of delivery and then every 2-3 hours for the first 24 hours after birth and then 8-12 times a day after this.

We recommend all mothers breast feed their babies. Breast feeding is the healthiest way to feed your baby and has lots of benefits for you as well. These include reducing the chances of you and your baby developing diabetes in later life. Your Midwife will be able to give you more information about this and you can attend "Preparation for breast feeding" sessions within the hospital. Sometimes if your baby's blood glucose level drops we may have to recommend an additional supplement of expressed colostrum or formula milk given by a small feeding cup or feeding syringe.

Going home

We recommend you stay in hospital for at least 24 hours after your baby is born. This is to make sure everything is stable with you and that your baby is well and feeding regularly.

You will be offered a fasting glucose test 6 weeks after the birth of your baby to check if diabetes has gone away. It is important to attend for this as, in some rare cases; diabetes does not go away and it is important to receive treatment and follow up for your diabetes. The rest of your postnatal care can be with your Community Midwife and GP.

Will it happen again in future pregnancies?

Very often GDM can develop in future pregnancies. You will be offered a Glucose Tolerance Test at an earlier stage in future pregnancies, around 12 weeks.

Before my next pregnancy?

Before your next pregnancy it is important that you have had your blood glucose checked at your GP surgery to make sure it is normal. We are happy to see women before their next pregnancy for discussion about this.

What about the risks later in my life?

Developing diabetes during pregnancy can be a warning that you may be at a greater risk of developing Type 2 diabetes later in your life. It is very important for you to have your fasting blood glucose level checked once a year at your GP practice to make sure that you have not developed diabetes. You should ask your GP for this test if they do not contact you about it. You should have an early blood glucose test if you develop any of the symptoms of diabetes as listed overleaf.

Symptoms of Diabetes

- Unusual thirst and dry mouth
- Need to pass water more often (usually large amounts and at night)
- Tendency to develop recurrent infections e.g. thrush, boils etc.
- Blurred vision / itchy eyes
- Tiredness
- Unexplained weight loss

If you develop any of these symptoms, please see your GP as soon as possible.

Prevention of Diabetes

You can reduce the risk of developing diabetes by half by:

- Healthy eating
- Regular exercise/activity
- Maintaining an ideal weight
- Breast feeding

How to contact us

Diabetes Specialist Midwife

Telephone 01709 427110

Diabetes Specialist Nurse

Telephone 01709 427910

Diabetes Specialist Dietitian

Telephone 01709 427121

Consultant Obstetrician

Telephone 01709 424324 or

Telephone 01709 424239

Infant Feeding Coordinator

Telephone 01709 424265

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.diabetes.org.uk

www.nhs.uk

www.gov.uk

www.therotherhamft.nhs.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

The Oldfield Centre
The Rotherham NHS
Foundation Trust
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

Telephone: 01709 424461

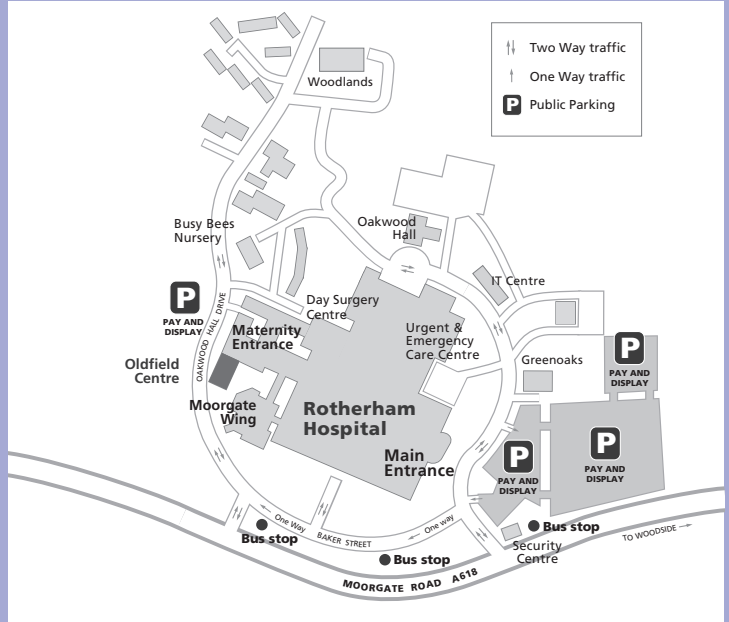
Monday to Friday

9.00am until 5.00pm

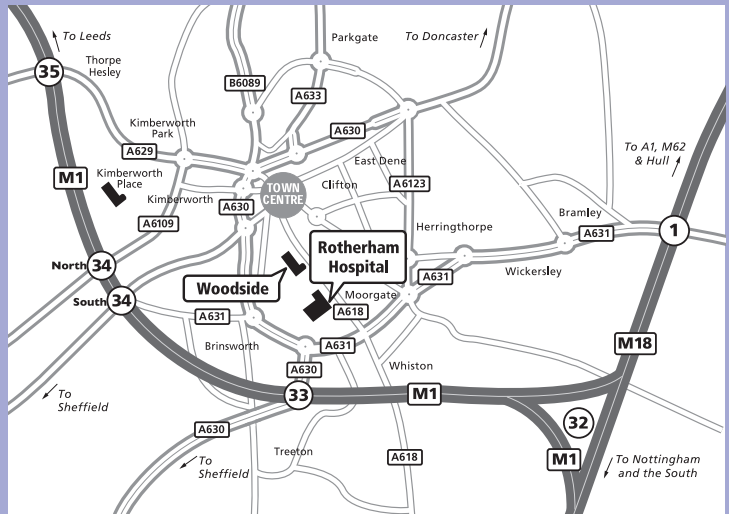
Email: your.experience@nhs.net

How to find us

Hospital site plan



Rotherham main routes





LS 201 02/21 V7 Jones & Brooks



The Rotherham
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk