

Treatment options for Gestational Diabetes Mellitus (GDM)



Obstetrics & Gynaecology

patient**information**



The Rotherham
NHS Foundation Trust

Treatment options for Gestational Diabetes

Treatment options for Gestational Diabetes (GDM)

The most important treatment for GDM is to eat the right amount of healthy food and be active. The Diabetes Team will discuss the best way of doing this with you.

It is important to see how treatment is affecting your blood glucose levels, so you should test before you eat and 1 hour after each meal. The Diabetes Team will explain what blood glucose levels you should aim for.

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

If your blood glucose tests are high, this tells us that too much glucose is going to your baby. Like anyone who is fed too many sweet foods, your baby may become unhealthy and it may also gain weight more rapidly.

So, what can we do to try to prevent this and keep your pregnancy as normal as possible?

Firstly, it is very important that you DO NOT starve yourself to try and reduce your blood glucose levels. A healthy pregnancy needs a balanced diet. If you restrict your diet too much, your body will not function normally.

The dietitian will be able to advise you about a healthy diet.

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It is important to achieve a healthy level of glucose in your blood for your baby. If you are unable to do this with a healthy diet and staying active, insulin or metformin (or both) can help you reach your target. Talk with the Diabetes Team to help you make the best decision for you and your baby.

So, what do we recommend?

Metformin

Metformin is a tablet that has been used for almost 40 years to treat diabetes outside of pregnancy. It works by helping your own insulin do its job better – that is, keeping the blood glucose level within normal ranges. One advantage of metformin compared with insulin is that metformin does not make the glucose level drop too low (does not cause hypoglycaemia), it also helps to reduce weight gain.

Metformin is not as effective as insulin, so 4 out of 10 women treated with metformin may also require some insulin.

Metformin is not an option for everyone and the Diabetes Team will check whether it is a good choice for you. Before starting metformin you will have had your kidney and liver function checked with a blood test.

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Some women (two out of every ten) experience side-effects, typically an upset tummy, when they first start metformin. This usually settles within a few days of starting treatment. We try to reduce this problem by starting with a low dose and increasing it (up to a dose of 2,500mg/day) until the glucose levels are in range. This usually takes at least 1-2 weeks.

Metformin should be taken with or just after food.

How to take Metformin

Start by taking one tablet with your main meal.

Over the next 3-4 days, if the blood glucose is higher than we recommend, the tablets may be increased to 3 times a day, after advice from the Diabetes Team.

The tablets can be increased over several days if you have no problems taking them (most women) or over a week or two if you have side effects.

If after taking 3 tablets a day the glucose level is still not controlled then we will discuss with you about further tablets or adding in insulin injections.

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Insulin

Your glucose level becomes raised because the insulin your own body makes is not working efficiently. Insulin injections need to be given to “top up” your own insulin. The insulin you inject will reduce your blood glucose level, but will not cross the placenta to your baby. Some women may only need background insulin -this works overnight or during the day to bring the glucose level down. Some women need mealtime insulin to stop the glucose level increasing too much after a meal. Some women need both types of insulin.

Most women are anxious about the idea of insulin, but they are surprised how easy it is to give and often find that the insulin injection is less painful than the blood glucose “finger prick” tests.

It is important that insulin is balanced with your food intake and activity. If the balance is not correct the glucose in your blood will remain too high or drop too low. If it drops low, your body will have symptoms of “hypoglycaemia”. The Diabetes Team will teach you how to recognise and treat this.

If you have needed insulin or metformin during pregnancy the treatment will be stopped after delivery and a Glucose Tolerance Test will be performed at 6 weeks after your baby’s birth to check the diabetes has gone.

The Diabetes Team will be in contact with you regularly and you can contact them with any questions you may have.

Hypoglycaemia

(This will only apply to you if you are taking insulin)

Hypoglycaemia (hypo) usually occurs when your blood glucose level drops too low, usually less than 4mmol/L (This will usually only happen when you are taking insulin).

Symptoms may include:

- Feeling hungry
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Going pale
- Fast pulse or palpitations
- Tingling of the lips
- Blurred vision
- Difficulty in concentrating
- Vagueness or confusion
- Irrational behavior

If your GDM is treated with insulin you should:

- Always check your blood glucose before doing something where you may put yourself or others at risk if you were to become unwell or feel faint (e.g. driving)
- Your blood glucose level should always be above 5mmol/L before you drive and you should always do a blood glucose test before driving
- Always check your blood glucose before and after doing a session of activity

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Always carry some quick acting glucose with you which is easy to take if you have hypo symptoms. Such as:

- A 150 ml can of sugary drink
- 5-6 glucose tablets (which are available from pharmacy)
- 4 jelly babies
- 220mls of original/orange lucozade

If your next meal is not due within 1 hour eat a slow releasing carbohydrate snack. Such as:

- 1 slice toast
- 2 digestive biscuits
- 1 banana

Let your Diabetes Team know if you are starting to experience hypos.

If you are having frequent hypo's you may need to stop driving, especially if you become hypoglycaemic unaware. You must not start again until your family doctor or specialist confirms that it is safe to start driving again.

You must inform the DVLA of your GDM diagnosis if you need to be treated with insulin for more than 3 months.

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After your baby is born

If you have needed insulin or metformin during pregnancy the treatment will be stopped after delivery. A fasting blood glucose test will be performed the morning after and at 6 weeks after your baby's birth to check that the diabetes is gone. You will also have this test repeated every year at your GP surgery to ensure you haven't developed type 2 diabetes.

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

**If it's not an emergency,
please consider using a
Pharmacy or call NHS 111
before going to A&E.**

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.diabetes.org.uk

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.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 4.00pm

Email: your.experience@nhs.net

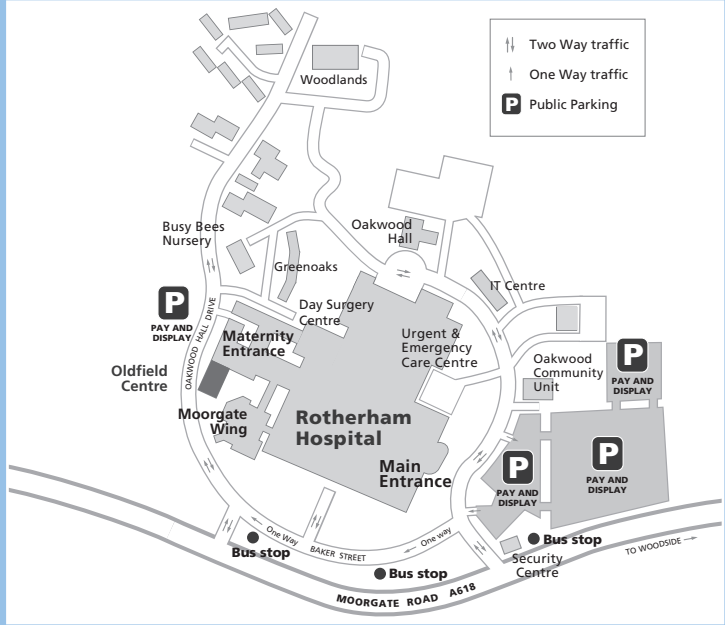
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How to find us

Hospital site plan



Rotherham main routes





Sustainable Forests / Low chlorine

JS 661 01/18 V5 Jones & Brooks



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