

## How to reduce your risk of Gestational Diabetes

### What is Gestational diabetes (GDM)?

This is a type of diabetes that affects women during pregnancy. The hormones produced during pregnancy can make it difficult for the body to use insulin properly, which increases the risk of insulin resistance. This makes it harder for the body to control glucose levels. It usually develops towards the end of the second or beginning of the third trimester.

### How does this affect pregnancy?

It is important to keep blood glucose levels as near to normal as possible to reduce any risks to baby or mother, including:

- Excessive growth of the baby.
- Production of large amounts of fluid around the baby leading to preterm delivery.
- Difficulties during delivery (due to a large baby) and an increased need for caesarean section.
- Increased likelihood of hypertension diseases in pregnancy.
- Stillbirth (loss of the baby), although this is rare.

### Why are you being tested for gestational diabetes?

Women with the following history are at higher risk of developing gestational diabetes. Your healthcare professional should inform you if and when you need the test.

#### Before pregnancy:

- being overweight or obese
- a previous large baby (weighing 4.5 kg/10 lb or above)
- previous gestational diabetes
- a family history of diabetes (parent or sibling)
- an ethnic family origin with a high prevalence of diabetes (South Asian, Black or African Caribbean, Middle Eastern)
- Polycystic ovarian syndrome (PCOS) - a common hormonal condition affecting how a woman's ovaries work, which is often associated with insulin resistance and weight gain

#### During pregnancy:

- you've had larger amounts of glucose in your urine
- scans have shown your baby is larger than to be expected for the stage in pregnancy
- scans have shown there is a larger amount of fluid around your baby

### What happens next?

#### A positive test result

You will be informed and booked an appointment to be taught blood glucose monitoring and you will be supported within regular appointments with the joint maternity and diabetes team. You will be given advice on how to keep your blood glucose levels within required targets, including healthy eating and physical activity. Certain medications may also be considered.

#### A negative test result

You do not have gestational diabetes but may require another test later in your pregnancy. You will be informed if this is the case and at what stage it needs to be repeated.

**“Up to 50% of women with GDM develop Type 2 diabetes within 5 years of the birth”  
(NICE, 2015)**

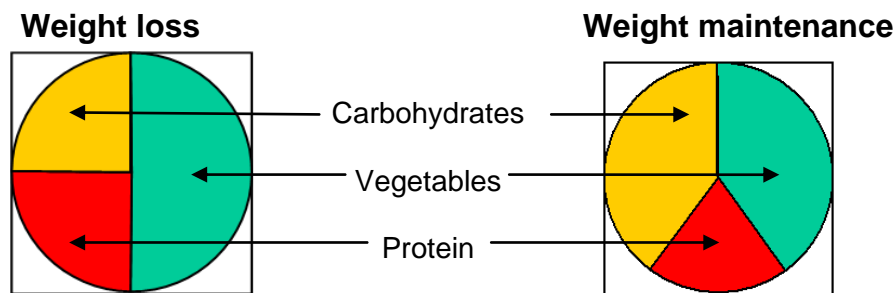
**You can reduce the risk of developing gestational diabetes in this or future pregnancies, as well as reduce the risk of Type 2 diabetes by:**

- ✓ **managing your weight** - avoid excessive weight gain (during and after the pregnancy), and consider ways to reduce your weight after the pregnancy if above a healthy level
- ✓ **eating healthily**
- ✓ **keeping active** - what you are able to manage will depend on the stage of pregnancy and will also change once you have given birth

### **Aim for a healthy weight after pregnancy**

Weight loss is not recommended in pregnancy. However, if you are overweight then losing weight after pregnancy will reduce your risk of diabetes in the future. Weight may be managed by adjusting your portion sizes, reducing high sugar and high fat snacks, and avoiding adding extra fat to meals whether during or after cooking (oil, butter, etc.). Breastfeeding may also aid weight loss.

Here is a simple guide as to how you may wish to portion a meal on your plate but there are further suggestions on the following pages:

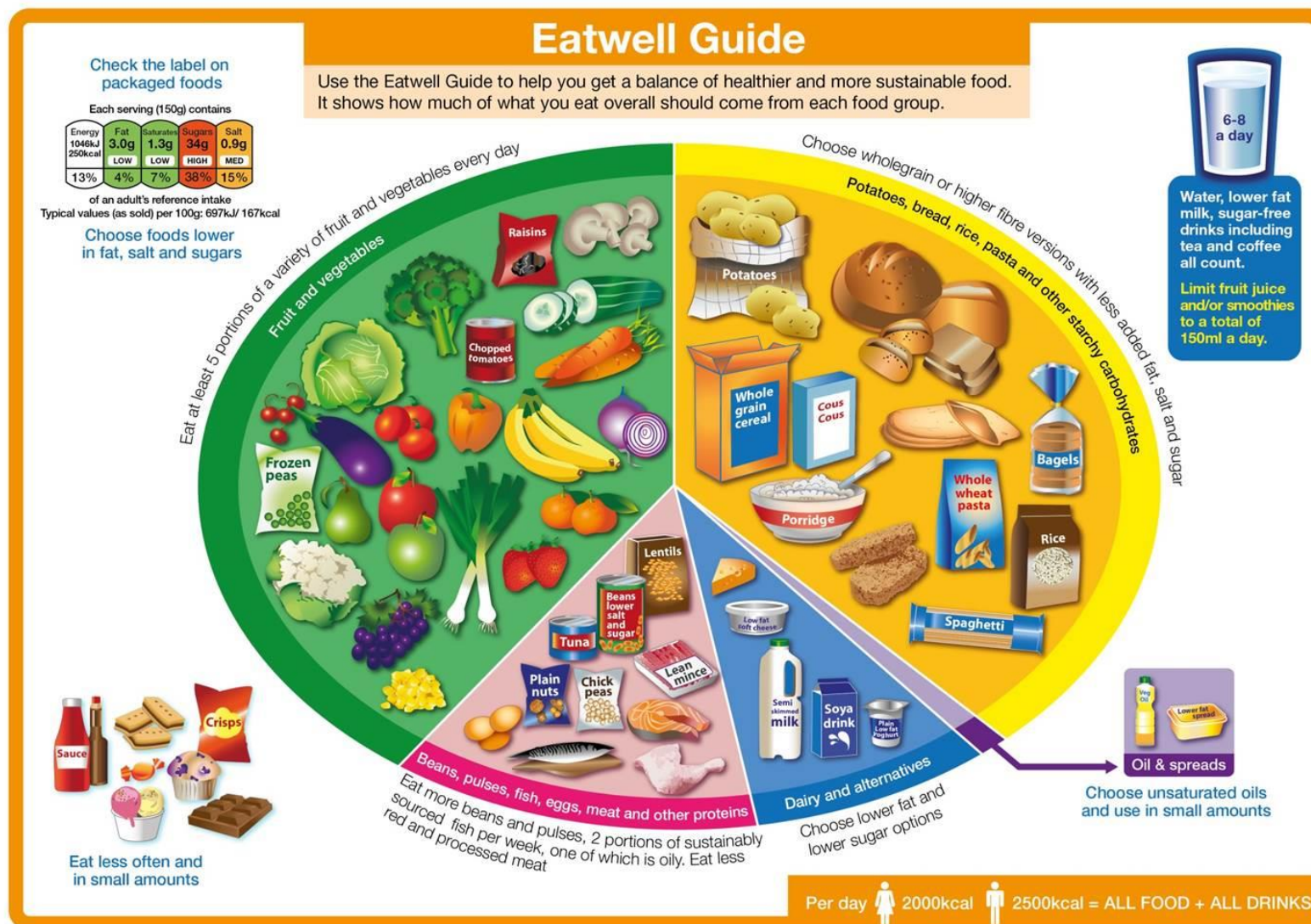


Gaining weight around your middle (an ‘apple’ body shape) is particularly important, as this is associated with a greater risk of diabetes than weight stored around the bottom and thighs (a ‘pear’ body shape).



## The Eatwell Guide

The model below can be used to help get the balance right when it comes to the spread of different foods and drinks across the day. Including a variety of items from each food group in the proportions below will ensure you achieve a healthy nutritious diet. Regular meals are recommended, as research has shown that skipping meals makes managing weight more difficult.



## Recommended portion sizes

### Fruit and vegetables

Aim for at least 5 portions a day, to reduce risk of heart disease and cancer. 1 portion would be 80g or what fits comfortably in the palm of your hand, e.g.:

- ✓ 10-12 grapes
- ✓ 1 medium fruit (banana/ apple/ orange)
- ✓ 2 small fruits (plums/ satsumas)
- ✓ ½ large fruit (grapefruit)
- ✓ 1 slice very large fruit (melon/ pineapple)
- ✓ 30g/1 tablespoon dried fruit
- ✓ 150ml glass unsweetened juice/ smoothie
- ✓ 1 dessert/cereal bowl salad
- ✓ 3 heaped tablespoons vegetables
- ✓ The more variety the better to obtain an optimal range of vitamins and minerals.
- ✓ Often a better choice for snacks or puddings if trying to manage weight due to low fat, high fibre content.

### Dairy

Try to have 3 portions a day, for healthy bones and teeth, and protein e.g.

- 1 glass milk (200ml)
- 1 small pot yoghurt (125g)
- 1 matchbox size piece hard cheese (30g) or 2 matchboxes (80g) soft cheese
- ✓ Try to opt for lower fat varieties to avoid excess energy/ calorie intake and weight gain.
- ✓ If using dairy alternatives, make sure they are fortified with calcium and unsweetened.

### High fat or sugary foods and drinks

- ✓ These do not need to be eliminated completely.
- ✓ Reducing intake can help to manage weight better.
- ✓ Have only occasionally and compare labels if you want to choose lower fat/ sugar varieties.
- ✓ Consider portion sizes
  - Jam/honey = 1 heaped teaspoon

### Protein (non-dairy)

- ✓ Try to have 2 portions a day, e.g.
  - Meat/ poultry/ oily fish – size of a pack of playing cards
  - White fish – size of a cheque book
  - 2 eggs
  - 4 heaped tablespoons pulses (beans/ chickpeas/ lentils/ dhal) or meat alternatives (tofu/soya)
- ✓ Aim for at least 2 portions fish per week (at least one should be oily – salmon/ mackerel/ sardines/ fresh tuna) to optimise heart health.
- ✓ Reduce fat intake by choosing lean varieties, cut off visible fat/skin, and avoid adding extra butter/ oil/ ghee during cooking or creamy sauces.

### Starchy carbohydrates

Aim to include a serving at each meal:

- 3-6 tablespoons cereal/porridge
- 2 slices bread
- 4-6 heaped tablespoons cooked rice/pasta
- Fist-size amount of potatoes

Try to include more wholegrain varieties as these are high in fibre and keep you feeling fuller for longer.

### Oil and spreads

- Unsaturated varieties are better for cholesterol levels (e.g. olive, rapeseed, sunflower oil or spreads based on these).
- All fats are high in calories so use in small amount to help manage weight
- A portion =
  - Butter/spread = end of thumb
  - Oil = 1 level teaspoon
  - Mayonnaise/full fat dressings = 1 level teaspoon

## Useful sources of information:

A range of Food Fact Sheets provided by the British Dietetic Association -

[www.bda.uk.com/foodfacts/home](http://www.bda.uk.com/foodfacts/home)

For more information about the 'Eat well guide' -

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/528200/Eatwell\\_guide\\_booklet.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528200/Eatwell_guide_booklet.pdf)

Physical activity guidelines for adults (19-64 years) fact sheet -

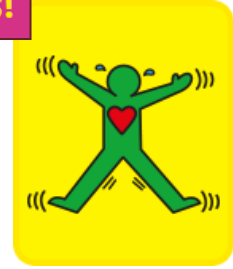
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**Every 10 Minutes counts!**

## Physical activity

Physical activity is important both during and after pregnancy. It helps to improve fitness, mood and sleep, reduce high blood pressure, and manage weight. It also helps to reduce the risk of certain disease, including gestational diabetes or Type 2 diabetes.



There is no evidence that physical activity is harmful during pregnancy, however you may wish to adjust the type or intensity of exercise you do. The government recommends:

- ✓ At least 150 minutes of moderate intensity activity per week.
  - this can be split up however you prefer, whether 30 minutes 5 times a week or shorter 10 minute bouts of activity when you can fit it in.
  - examples of moderate intensity includes brisk walking, swimming, cycling.
  - during pregnancy, you shouldn't be exercising so strenuously that you become too breathless to talk, as you should be able to keep up a conversation.
  - outside of pregnancy, this can be modified to 75 minutes of vigorous intensity activity.
- ✓ Everyone should minimise the amount of time they spend sedentary (sat down) for prolonged periods.
- ✓ Muscle strengthening activities are also encouraged on at least 2 days per week.
  - examples include exercising with weights or carrying or moving heavy loads (groceries).
- ✓ If pregnant, listen to your body and adapt. Don't bump the bump!

## Smoking

Don't underestimate the invaluable health benefits that come with quitting smoking! Improvements can be seen all round the body, including the lungs, heart, immune system, teeth and gums, skin and aging, and fertility.

In terms of pregnancy, stopping smoking will reduce the risk of complications, still birth, premature birth, your baby having breathing or feeding problems, or health conditions such as asthma later on in life.

Better energy levels, taste and smell, and ability to breathe and cough less also make life more enjoyable. In fact, lung capacity improves by up to 10% within nine months (NHS Choices, 2016). Protect your loved ones by preventing second-hand smoking. Passive smoking doubles the risk of children getting chest illnesses, such as pneumonia, wheezing and asthma, and chest infections, and triples the risk of lung cancer later in life (NHS Choices, 2016).

If you'd like support to give up smoking please see - [www.quit51.co.uk](http://www.quit51.co.uk)

## Breastfeeding

Breastfeeding is the healthiest way to feed your baby, as well as providing tailored nutrition for your growing baby, it helps to protect against infections, and can help develop your bond with your baby. It may also reduce the chance of your baby developing diabetes later in life and can help you regain your figure and lower your future risk of diabetes too.

Women who have had GDM are also encouraged and supported to breastfeed their babies if they choose to do so. Even if your baby is in a Special Care Baby Unit, milk can be expressed and fed to your baby.

If you have any queries or problems with breastfeeding, contact your Health Visitor in the first instance. You can also contact the National Childbirth Trust on 0870 4448708.

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: 0300 1314731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The Clinical Specialty/Unit that have agreed this patient information leaflet:  
The Diabetes Department and the Nutrition and Dietetics Department

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