

What is gestational diabetes?

Gestational diabetes is high blood sugar that develops during pregnancy. It happens in about 7 of every 100 pregnancies. Blood sugars usually return to normal after the baby is born.

What causes gestational diabetes?

When you eat, some of your food is broken down into sugar (also called glucose). Sugar travels in your blood to all of your body's cells. Insulin helps sugar move from your blood into your cells. Insulin is a hormone that is made by the beta cells in your pancreas.

Your cells need sugar for energy. Sugar from food makes your blood sugar level go up. Insulin lowers your blood sugar level by helping sugar move from your blood into your cells.

When you have gestational diabetes, pregnancy hormones increase your blood sugar levels to meet your baby's growth needs. Your body tries to produce more insulin to handle the extra sugar, but it is still not enough. So the sugar stays in your blood instead of moving into your cells. That's why your blood sugar gets too high.



What are the risks of gestational diabetes?

If blood sugar levels are not managed during pregnancy, this can cause problems for both you and your baby. Your baby gets nutrients, including sugar, from your blood. If your blood sugar levels are high, your baby will get too much sugar. He or she will store the extra sugar as fat. The baby may gain too much weight and become too large (a medical condition called macrosomia). High blood sugar levels can also strain the baby's pancreas as it tries to produce more insulin to handle the extra blood sugar.

In the short term, the baby can have a higher risk for:

- Shoulder and other injuries during delivery
- Low blood sugar after delivery
- Breathing problems
- Jaundice
- Stillbirth

In the long term, the baby can have a higher risk for:

- Obesity
- Type 2 diabetes
- Learning disabilities

Gestational diabetes may increase your own risk for:

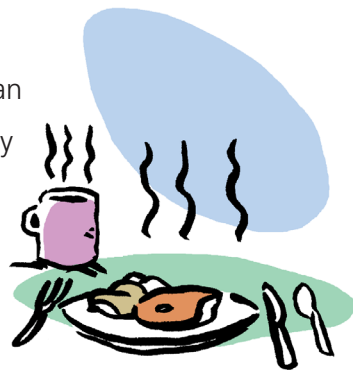
- Type 2 diabetes after the baby is born
- High blood pressure
- Early labor
- Caesarean section

But these problems don't have to happen! Managing your blood sugar levels can help to reduce the risk.

Managing gestational diabetes

Your goal in managing gestational diabetes is to keep your blood sugar levels as close to normal as possible. Your doctor will help you make a care plan to meet that goal. Four things you can do to help manage your blood sugar are:

- Eat your meals and snacks according to your meal plan
- Get regular physical activity
- Take your medicine as prescribed by your doctor
- Check your blood sugar often, according to your care plan



What to expect during and after delivery

When you get to the hospital to deliver your baby, the staff will check your blood sugar and monitor your health carefully. If you took insulin during your pregnancy, you probably won't need it during labor and delivery because your body will use the extra sugar for energy to help with the work of delivery.

After you deliver your baby, your pregnancy hormone levels will drop. Blood sugar levels usually return to normal. Your baby's blood sugar level will be checked to make sure that it's in the normal range.

Your doctor will check your blood sugar 6 to 12 weeks after the baby is born to make sure that it's normal. Because of gestational diabetes, you'll be at greater risk of developing diabetes later in life, so your doctor may recommend that you continue to have your blood sugar checked. You can reduce your risk of developing type 2 diabetes by:

- Continuing to eat a healthy diet
- Getting regular physical activity
- Managing your weight

Talk with your doctor about what you can do to stay healthy, for yourself and your baby!

For more information, call the Novo Nordisk Diabetes Tip Line at 1-800-260-3730, or visit us online at ChangingDiabetes-us.com.

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