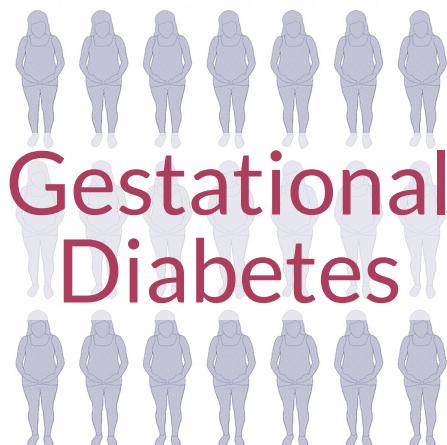
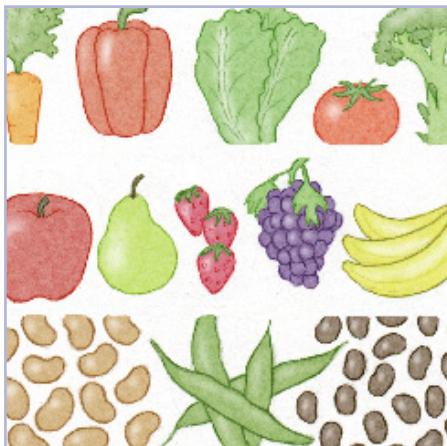
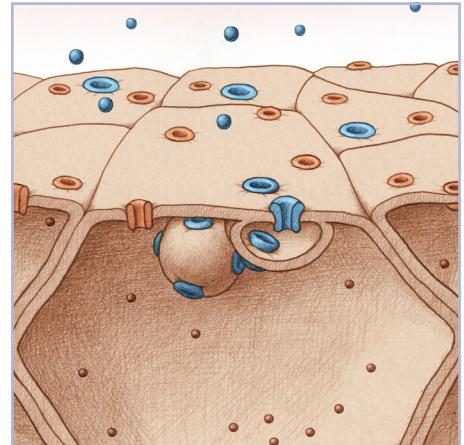


Visual Tools

to Support Informed Choice



Gestational Diabetes



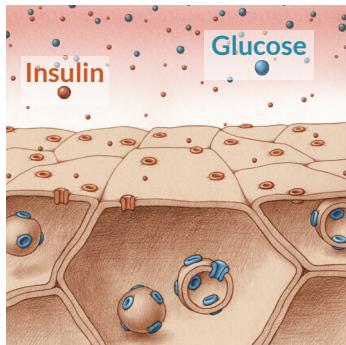
This pamphlet uses visual tools to support your informed choice discussion with your midwife. To learn more about gestational diabetes and other informed choice topics, visit uoft.me/visualtools.



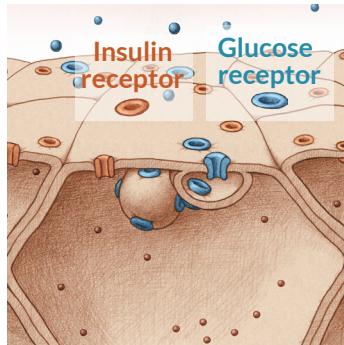
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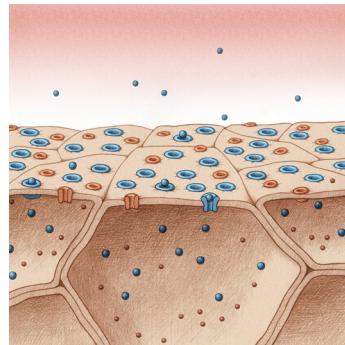
Gestational diabetes, also called gestational diabetes mellitus or GDM, is a condition in which your body becomes intolerant to glucose (sugar) during pregnancy. It is similar to type 2 diabetes, except that it begins during pregnancy and usually goes away after you give birth. The reason some women develop gestational diabetes has to do with the roles of glucose, insulin, and hormones produced in your body during pregnancy.



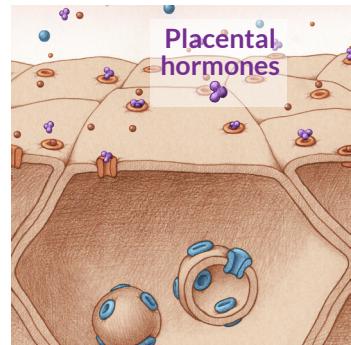
When glucose level in your blood rises (after you eat a meal), your pancreas produces a chemical called insulin.



Your cells take in the insulin through special receptors. This causes glucose receptors to move to the outer surface of the cell.

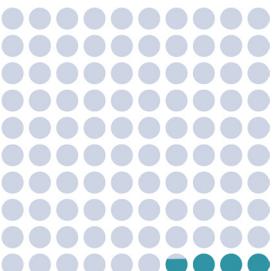
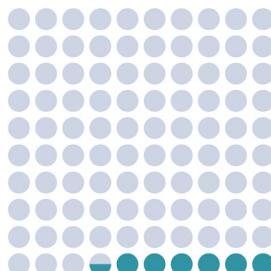


Once the glucose receptors are exposed, your cells can absorb glucose from your blood and use it as energy.



In pregnancy, hormones produced by your placenta block the insulin receptors on your cells, so it is harder for them to absorb glucose.

Different studies have revealed different statistics around gestational diabetes. These numbers vary because gestational diabetes is more common among some groups of women than others.

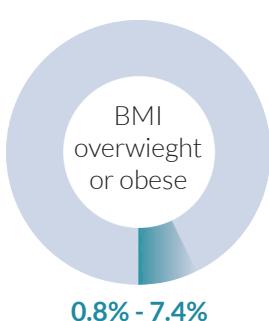
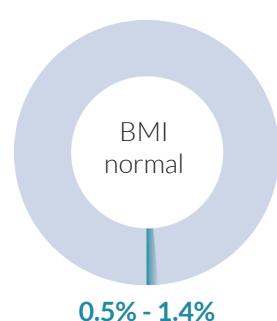
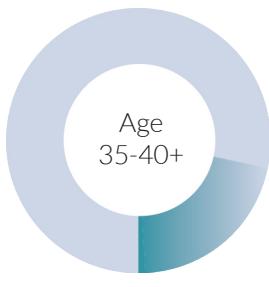
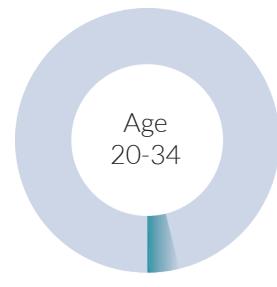


Based on one large Canadian study, about 6.5% of pregnant women are diagnosed with gestational diabetes. Another study, focusing on women in the Greater Toronto Area, estimated that the rate of gestational diabetes is about 3.8%.

However, your individual risk level may be higher or lower, depending on a number of factors. **The following factors are generally associated with an increased risk of gestational diabetes:**

- Older age, especially if you are over 35
- If you have a history of diabetes in your family
- If you have had gestational diabetes in a previous pregnancy
- If you have previously given birth to a baby weighing over 4kg
- If you were overweight or obese before you were pregnant
- Non-white race/ethnicity

The graphs below show how age and body mass index (BMI) can affect a woman's risk of developing gestational diabetes. **Please note that the numbers below are based on only one research study.** There are many factors that may affect your risk level.



Visual Tools

to Support Informed Choice

Screening for gestational diabetes is offered around 24-28 weeks. Depending on your preferences and risk level, screening may or may not make sense for you.

According to the Society of Obstetricians and Gynecologists of Canada, screening is unnecessary if the following are true for you:

- You are 25 or younger
- Your body mass index (BMI) in pregnancy is 27 or lower
- You are white/Caucasian
- You do not have a family history of diabetes

If you do choose to get screened, you will do a **glucose challenge test**. In this test, you drink a sugary liquid, wait about an hour, and then have some blood drawn to find out your blood sugar level.

If the screening shows that your blood sugar level is higher than normal, you will be recommended for a **glucose tolerance test** to find out whether or not you have gestational diabetes. You will have to fast in advance of this test. You will have some blood drawn when you arrive. Then you will then be given a sugary drink, and your blood will be drawn one and two hours later, to see how your body handles the sugar.

This test may cause you to feel nauseated, lightheaded, and/or dizzy. You may want to bring some water and a snack to have after the test is over.



If you're unsure whether to get screened for gestational diabetes, it may be helpful to talk with your midwife about your concerns.

Gestational diabetes may be associated with health risks for both women and their babies, but there are steps you can take to help lower these risks.

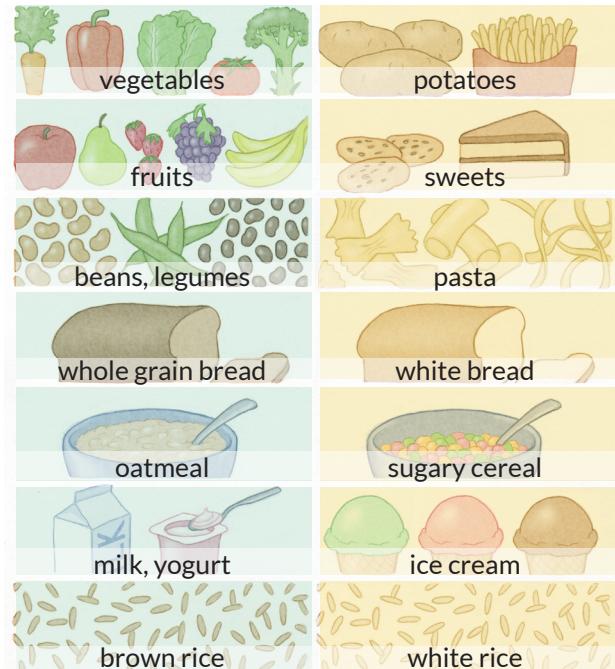
The following are health risks associated with untreated gestational diabetes:

- Woman may develop type 2 diabetes later in life
- Baby may grow to be over 4kg before birth
- Baby may be at risk for obesity and diabetes later in life

If you have gestational diabetes, you can take the following steps to help keep yourself and your baby healthy:

- Change your **diet**. Since glucose comes from foods containing carbohydrates, it is important that you monitor your intake of those foods and choose the most nutritious ones.
- Get more **exercise**. Exercising regularly can help reduce risks associated with gestational diabetes, but it can also help you reduce stress, relieve pain, and sleep better.
- Check your **blood sugar** regularly. Your health care provider will give you a tool called a blood glucose meter and show you how to monitor your blood sugar. Depending on how you respond to diet and exercise, your care provider may recommend insulin injections.

EAT MORE OF THESE **EAT LESS OF THESE**



All of these foods are carbohydrates, but the ones on the left are healthier. Many of them are high in fiber, which helps you maintain a healthy weight and blood sugar level.

Walking, yoga, and low-impact aerobics are a few examples of exercise that can help you stay at a healthy weight during pregnancy.



Visual Tools

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Worksheet

If you are trying to decide whether or not to get screened for gestational diabetes, answering the questions below and discussing them with your midwife can help you determine what your risk level is.

What is your age? _____ **Who (if anyone) in your family has/had diabetes?** _____

If you have had a baby before, how much did he/she weigh at birth? _____ **What is your race?** _____

Before you were pregnant, were you overweight or obese? _____ **Have you had gestational diabetes before?** _____

I am concerned about: _____

I would like to learn more about: _____

Questions for my midwife: _____

References

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About this pamphlet

The Visual Tools pamphlets originated as part of a Master's research project comprising a series of printed pamphlets and corresponding web modules focusing on specific informed choice topics in midwifery care. The web modules offer more detailed information on each topic, including additional illustrations, and can be accessed at uoft.me/visualtools. The project was completed by Amanda Montañez (amandamontanez.com) with the support of the MScBMC program at the University of Toronto. This gestational diabetes pamphlet was created with the support of Women's Xchange at Women's College Hospital.

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Master of Science in Biomedical Communications

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