Gestational diabetes ... so what’s next?

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About gestational diabetes

Having gestational diabetes means that your blood glucose levels during pregnancy are too high. In Flanders, more than 1 out of every 50 pregnancies is complicated with gestational diabetes. Some risk factors, like obesity, age and heredity (familial type 2 diabetes), definitely play a big role. However, we can’t really predict which women will develop gestational diabetes. A number of women don’t have obvious risk factors and still develop gestational diabetes.

How does gestational diabetes develop?

Pregnancy is a very intense time for your body. During every healthy pregnancy the placenta produces lots of hormones that help the baby develop. However, those same pregnancy hormones also have a negative side effect. They tend to impair metabolic processes, especially in the second half of the pregnancy. The insulin hormone is of great importance to our metabolism: it is considered to be the ‘key’ that lets the body’s fuel - glucose or blood sugar - enter the cells.

To some extent, the pregnancy hormones prevent insulin’s action. As a result, the body requires much more insulin to enable the same amount of glucose to enter the tissues and cells. This is often referred to as becoming “insulin resistant”. When your body is no longer capable of keeping up with the increased insulin need, the fuel (glucose) starts to pile up in the blood - this is what we call “hyperglycemia” - which eventually results in gestational diabetes. Chronically elevated blood sugar levels are harmful for you and your baby.

Mostly, a balanced diet and a sufficient amount of exercise, will keep the blood glucose levels under control. However, additional insulin may be required to avoid complications during both pregnancy and delivery.

“In 9 out of 10 cases, gestational diabetes is resolved shortly after delivery, although it must be considered an important warning sign of your body!”
Gestational diabetes, a window into your future

Gestational diabetes reveals a certain vulnerability of your body, which you might otherwise not even notice. The main problem lies in your pancreas, in the “beta cells” that produce insulin, to be precise. Normally, these cells anticipate quite quickly when the body, especially towards the second half of the pregnancy, suddenly requires a much higher amount of insulin. Women with gestational diabetes typically tend to have a history of poor insulin action. In addition, there’s the resistance to the action of insulin which builds up during every normal pregnancy. As a result, beta cells will fail to keep up with the insulin demand. There’s a big chance that the same problems will occur in a next pregnancy. But even more importantly, about half of the women who have had gestational diabetes, will develop permanent diabetes within the next 5 to 10 years following delivery. This does not only apply to you if you needed insulin treatment during pregnancy. Even women who weren’t really inconvenienced by their gestational diabetes, or who reached sufficient glycemic control by improving their diet and exercise habits, are considered to be at risk of developing diabetes. Note that pregnancy alone will not trigger diabetes. But the occurrence of gestational diabetes does mean that you have to be attentive and vigilant.

“Having gestational diabetes increases a woman’s future chances of developing diabetes. About half will develop diabetes over the next five to ten years.”

“Diabetes”, what’s in a name?

Whereas gestational diabetes is, by definition, a transient disease state, “real” diabetes is not. In Belgium, an estimated 8% of the adult population suffers from one type of diabetes or another, but about half are unaware of their condition. We can distinguish two main types. Type 1 and type 2 diabetes.

Type 1 diabetes generally occurs before the age of 40 and involves problems with the immune system, causing the body to attack and destroy its own pancreatic beta cells. Because of this, the body is no longer capable of producing its own insulin.

Type 2 diabetes develops after the age of 40 and is very often associated with overweight. Type 2 diabetes rates have increased to epidemic proportions in recent years, due both to an ageing population and changing lifestyle habits such as physical inactivity and unhealthy diets. Type 2 diabetes accounts for approximately 90% of the cases whereas type 1 less than 10%.

If you’ve had gestational diabetes, you have a greater risk, especially in the next years to come, of developing “true” type 2 diabetes. Diabetes is a serious condition that demands your lifelong attention. Current treatment options allow diabetes to be controlled and managed quite well. However, chronic diabetes complications such as cardiovascular disease, eye problems, kidney disease, nerve damage or foot problems, may still develop and in turn reduce quality of life.

If diabetes is treated early enough, is well managed and kept well under control, these complications can be prevented. You should certainly be alert and attentive for the typical symptoms of diabetes, which include: thirstiness and frequent urination, fatigue and recurrent infections. On the other hand, these symptoms are not always present in type 2 diabetic individuals. This is one reason for which type 2 diabetes is often diagnosed too late, several years down the line when damage has already been done to various tissues and organs. Hence the importance of being vigilant and having your glucose levels tested regularly, especially if you’re at risk of developing diabetes, which is the case if you’ve had gestational diabetes.

“If diabetes is treated early and is well managed, complications can be prevented.”
Diabetes can be prevented!

It is scientifically proven that type 2 diabetes can be prevented in people who have a high risk of developing diabetes, such as women with a history of gestational diabetes.

What’s the recipe for preventing diabetes?

It always comes down to a healthy, balanced diet and a sufficient amount of physical exercise. You should keep this in mind if you want to achieve and maintain a healthy body weight.

In order to reduce your risk of developing type 2 diabetes as well as the risk of developing gestational diabetes during a next pregnancy, the following advice is of key importance:

“Adopt a balanced and healthy diet, lose weight if necessary and exercise sufficiently.”

After the pregnancy: your personal action plan

Hello doctor?

- After delivery, your general practitioner is the best person to keep an eye on your health. Always inform him/her of the fact that you have had gestational diabetes, in case he or she isn’t yet aware. You carry a lot of responsibility yourself!
- Regular blood glucose screening and testing is necessary to be able to quickly track new disruptions of your blood sugar levels. That’s why it is recommended to schedule a first screening within 6 to 12 weeks after delivery. Following this, make sure you visit your general practitioner annually for a fasting blood glucose test.
- Even when you’re planning to get pregnant again, an extra check-up is highly recommended!

“You should see your general practitioner every year for a blood glucose test

Do I have a weight problem?

Within 6 to 12 weeks after delivery, try to reach the weight you had before the pregnancy. If you still are heavily overweight, it is very important to do something about it! Overweight and obesity is one of the main risk factors for the future development of type 2 diabetes.

To get a better idea of what a healthy weight means for you, there are two things you can do.

- Calculate your BMI (body-mass index)
- This is your weight (in kilograms, kg), divided by your height squared (in meter, m²)

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BMI = \frac{\text{kg}}{\text{m}^2}
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For instance: If you weigh 70 kg and are 1,60 m tall, your BMI is: \(70/(1.60 \times 1.60)\)

- BMI between 18,5 and 24,9 is considered normal
- BMI between 25 en 29,9: this is called overweight
- BMI over 30: this is called obesity

- Measure your waist circumference:
  This is a good measure for the amount of abdominal fat. Even with a “normal” BMI of 18.5-24.9, a large waist circumference raises the risk of type 2 diabetes and other comorbidities, such as cardiovascular disease.
  To determine your waist circumference, use a tape measure: measure your waist about halfway between your lowest rib and the top of your hip bone.

In women, a waist circumference of 80 cm and above signals a moderately increased health risk; the risk is severely increased if the waist circumference is 88 cm and above.

“When your BMI is higher than 25 or your waist circumference is over 80cm, discuss this with your general practitioner.”
I’m carrying some extra pounds … How do I loose them?

- If you’re having some weight issues, it might help to take a closer look at your eating habits. Write down what you eat each day in detail. Be honest with yourself! This gives you the opportunity to discover where there’s room for improvement.
- You don’t have to starve yourself to obtain your weight goal, on the contrary! A moderate weight loss of 5 to 10% of your current weight has been shown to have a very positive effect on your health outcomes and risk of developing diabetes, even if you don’t succeed in reaching your ideal weight. Do the math yourself: shedding a few kilograms will already be very beneficial for your health and may be sufficient in reducing the risk of developing diabetes. Consult your doctor and inform him/her of your concerns regarding your weight.
- Breastfeed your baby! It is strongly recommended for the health of both mother and child, especially after gestational diabetes. However, you should not start a strict and demanding weight loss diet while you are breastfeeding as breastfeeding increases your energy needs in order to ensure adequate milk production.
- Maintaining the balance between food intake and energy output (burning the calories) is key. So exercise for at least 30 minutes a day at a moderate intensity, like walking briskly, swimming, cycling, etc. If you aim to lose weight, this should be increased to 60 minutes a day. Don’t start moving too fast, with too much intensity or for too long a time. Slowly build it up after a pregnancy and, if necessary, seek professional advice.
- It is especially important to maintain your weight loss in the long term. Therefore, keep realistic goals in mind and take gradual small steps. If necessary, you should consult a dietician.

“Losing 5 to 10% of your current body weight, already has a very positive health effect”
**Tips**

for a balanced and low-fat diet

- **Have a complete breakfast** every morning.
- **Drink plenty**, preferably water.
- **Consume a fiber rich diet**, choose brown breads, boiled potatoes, whole grain pasta, rice, etc.
- Use spreads and toppings in moderation: they belong between a double sandwich.
- Eat **vegetables every day**, at all meal fresh vegetables such as lettuce, and tomatoes with a sandwich and cooked vegetables with a hot meal.
- Every now and then, garnish your sandwich with fruit or fruit puree. Have **2 to 3 pieces of fresh fruit on a daily base**.
- Choose **(skimmed and) semi-skimmed milk products**. Choose low fat and half fat cheese (also known as “20” + and “30 +”) and do not eat more than two slices of hard cheese per day.
- **Don’t eat more than 100 g of meat** (all meat products included) per day. Choose low fat meats. Have fish twice a week, even fatty fish (salmon, trout, herring, ...).
- **Watch out for the “hidden” or invisible fats** found in cakes, chocolate, fatty meats, cheese, etc. They often contain a high content of (saturated) fat.
- **Limit the use of liquid fat.** Use 1 tablespoon of liquid fat per person per meal (e.g. 1 tablespoon of oil). Do not put fried products on the menu more than once every two weeks. Prepare your meals with oil, a soft or liquid margarine or cooking fat.
- **Limit the consumption of cookies, cakes, chocolate, sweets, ice cream, soft drinks, chips, pretzels, ...** in other words, all products that are rich in fat and/or sugar and do not contribute valuable vitamins, minerals or fiber to your diet. You do not have to ban them completely from your menu, but try to find a balance: not every day and in moderation.
- **For dessert, preferably choose fresh fruit or a dairy product such as yogurt or pudding.**
- Replace the use of cream (e.g. in soup, dessert, etc) by skinned cream (e.g. with 5% fat) or milk.

**Further steps in the right direction.**

**And ... ACTION!**

- Make sure that you stay physically active. The goal is to get at least 30 minutes of moderately intense physical activity, every day.
- Physical exercise alone won’t make you lose weight. However, it is necessary to be able to maintain your weight on the long-term.
- Will it be a brisk walk, swimming, fitness, dancing...? It’s all fun up to you!
- Gradually increase the amount and intensity of exercise you do in order to reach your goals in a healthy and sensible way.

**No time?**

- As a new mom, you’re always very busy. All your devotion and attention go to your baby, which is very normal. Nonetheless, it’s very important to take some time for yourself every now and then. Discuss this with your partner or your close family and friends. After all, we’re talking about your health here!
- You don’t have to complete an intensive fitness program every week. Sometimes, taking small steps is all it takes to introduce more physical activity into your daily life. Don’t take your car for everything, and when you do, try to park it further away from your destination and walk the remaining distance. Use the stairs instead of an escalator or elevator. Be creative! It will benefit your health and make you feel better too!

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**Preventing diabetes is teamwork!**

Congratulations! You’ve read this brochure. This means you’ve already taken the first step! But preventing diabetes isn’t something you can or should do on your own. As mentioned before, your general practitioner is your medical contact person. Consulting other medical specialists and expanding the professionals that support you to a multidisciplinary team may also be helpful.

**Some suggestions:**

- Seek advice from a dietitian: let an expert coach you to adjust your eating habits and help you lose weight step-by-step.
- Get your family members on board: get your child(ren) and your partner involved in your project.
- Exercising in a group: look for people to join you, sign up to a gym, a sports club or team, take a dance class or participate in any other group activity and make a habit of it – that’s the easiest way to keep it up!
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