

Benefits of a Healthy Lifestyle

If you have developed a routine of healthy eating and physical activities to treat gestational diabetes during pregnancy, why not continue it afterwards? With good diabetes management and a healthy lifestyle, you will most likely have a normal pregnancy and give birth to a healthy baby. But what's more, you will give your child a good start for a healthy life and increase your own chances of staying in good health for many years to come.

For more information and personalized advice about Diabetes and Pregnancy, please contact your Healthcare Professional.

Would you like to know more about diabetes?
Please visit our website:

www.diabetes.ascensia.com

Caution: This brochure does not replace your Healthcare Professional advice.

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Diabetes & Pregnancy Gestational Diabetes



Diabetes and Pregnancy

Diabetes During Pregnancy

When you are pregnant, you can develop high blood sugar levels (so-called **gestational diabetes**), even if you have never had diabetes before.



Causes of Gestational Diabetes

The exact cause of gestational diabetes is not yet known. One reason could be that the hormones released by the placenta, which help the baby grow, prevent the insulin from working properly in the mother's body. This is called 'insulin resistance'.

Gestational diabetes develops when the mother's body cannot produce enough insulin for the extra needs during pregnancy.

Insulin is needed to make the sugar move from the blood into the cells, where the sugar is turned into energy. If there is not enough insulin, the levels of sugar in the blood become too high (so-called **hyperglycaemia**).

Effects on your Baby

Gestational diabetes usually occurs in the second half of pregnancy, while the baby is actively growing. Because of the late onset, gestational diabetes usually does not lead to the kind of birth defects that may occur if the mother had diabetes before pregnancy.

Gestational diabetes must be treated in order to avoid negative consequences for your baby!

In gestational diabetes the high blood sugar levels are passed from the mother's to the baby's blood. The baby's body reacts by producing more insulin, which delivers more sugar and thus more energy to the baby than necessary for its growth and development. The surplus energy is stored as fat, which may lead to a condition called 'macrosomia' (fat baby).

One of the health risks for fat babies is that their shoulders could be harmed during birth.

Another problem could be very low blood sugar levels at birth, which can lead to breathing difficulties.

Being born with high levels of insulin is a risk factor for obesity in childhood and for type 2 diabetes in adulthood.

Treating Gestational Diabetes

It is important to follow the recommendations of your Healthcare Professional and begin, upon his advice, the prescribed treatment **as soon as possible** to avoid damage to you and your baby.

The goal is to keep blood sugar levels in a healthy range that is comparable to pregnant women without gestational diabetes.

An individual dietary plan and regular physical activities are always part of the therapy. Blood sugar checks and insulin injections may also be necessary.

Successful control of gestational diabetes helps **reduce your risk of a caesarean section birth** that may be necessary if your baby is very large.

Checking your Blood Sugar During Gestational Diabetes is Important

To prevent the negative consequences of gestational diabetes, your blood sugar levels should be kept within the healthy range. Blood sugar monitoring is carried out with a 'blood glucose meter' or 'blood glucose monitor'. You simply take a drop of blood by pricking a finger and the meter tells you how much sugar is in the blood at that time.

Ask your doctor about your individual blood sugar target range.



Effects on you as the Mother

Gestational diabetes generally disappears after giving birth. But if you've had it once, there is a two-in-three chance that it may reappear in future pregnancies.

Sometimes, the diagnosis of gestational diabetes reveals a pre-existing type 1 or type 2 diabetes. However, it is difficult to know if the diabetes started before or during pregnancy. If the diabetes existed before pregnancy, it will not go away and the treatment will have to be continued after delivery of the baby.

Women who have had gestational diabetes are at risk of developing type 2 diabetes later in life. Possibly there is a connection between the predisposition for gestational and type 2 diabetes. A feature that both types have in common is insulin resistance.