

What is Gestational Diabetes?



Diabetes is a condition where the glucose (sugar) level in the blood is too high. Gestational diabetes (GDM) is a category of diabetes that affects women during pregnancy. In most cases, GDM develops in the middle or towards the end of pregnancy, and resolves after giving birth. It is very common and affects about one in five pregnant women in Singapore.

Should I be screened for GDM?



Screening is recommended and is usually done at 24 to 28 weeks of pregnancy. Earlier testing can be done for women who are deemed to be at higher risk:

- Body mass index (BMI) > 25kg/m²
- Previous baby > 4kg
- GDM in previous pregnancy
- Family history of diabetes

How will I be tested?



GDM is detected by using an oral glucose tolerance test (OGTT). It involves fasting from 12 midnight on the night before the test. When you arrive at the clinic, you will do a fasting blood test. You will be then asked to drink a glucose drink within 5 minutes and have your blood taken at one and two hour intervals.

How does GDM affect me and my baby?



Most women with GDM have healthy pregnancies and healthy babies when their blood glucose level are well controlled during pregnancy. This also reduces the risks of complications.

However, certain complications can occur if your blood glucose is too high:

- Your baby may grow bigger than normal. This increases the chance of injury to mother and baby during delivery as the baby's shoulder may be stuck in the pelvis.
- You may have increased risks of preterm birth, having your labour induced, caesarean section, serious birth problems and stillbirth.
- Your baby may have low sugar levels after birth and need additional care in the neonatal unit.
- You may be at a higher risk of developing diabetes later in life.
- Your baby may be at greater risk of developing obesity and/or diabetes in later life.

How is GDM treated?



In most situations, having a healthy eating and exercise plan will be enough to control your GDM. It is important to have well balanced meals to support your pregnancy. A dietitian will work with you on an individualised healthy eating plan. You will also be

advised on controlling meal portion sizes and eating at regular times to promote better blood glucose control.

It is also recommended that you keep active with regular exercise (such as walking) during pregnancy. You may wish to discuss this further with your doctor.

Do I need medication for GDM?



If your blood glucose levels are not controlled even with diet and exercise, or if an ultrasound scan shows that your baby is larger than expected, you may need medication. It is usually given as injectable insulin. This will be explained at your next appointment with your obstetrician and/or endocrinologist.

How do I monitor my blood sugar?



You will be taught on how to monitor your blood glucose at home and what the ideal glucose level should be.

The diabetes nurse will show you how to do a finger prick test. You will be given a chart to note down your readings. Do monitor your blood glucose levels at least two days a week, seven times a day (before and two hours after each main meal and before bedtime). You will be informed if you need more frequent monitoring.

How will my blood glucose be controlled during delivery?



Your blood glucose will be closely monitored during labour. You may need intravenous insulin infusion during your labour.

What happens after delivery?



As your baby is at risk of having low blood glucose after birth, his or her blood glucose will be tested. If his or her blood glucose is low, it will be treated until it is in the normal range.

You will be advised to repeat the OGTT 6 to 12 weeks after delivery. It is important that you have this test as a small number of women continue to have abnormal glucose tolerance after pregnancy.

Women who have GDM are more likely to develop diabetes later in life. You can reduce this risk by adopting a healthy lifestyle including healthy diet, exercise and weight loss (if you are overweight). You should also be screened for diabetes once every one to three years.

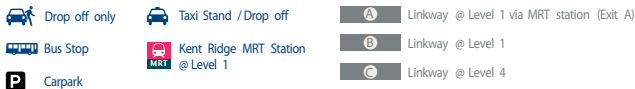
Lastly, you should let your doctor know about your condition when planning for future pregnancies as GDM may recur.

Contact Us

	Location	Tel	Fax
GDM Clinic	Level 13, Medical Centre	6772 8686	-
NUH Women's Clinic - Emerald / Ruby	Level 3, Kent Ridge Wing	6772 2277	6872 0103
Clinic G	Level 1, Main Building	6772 5403	6774 4352

Please visit our website at www.nuhgynae.com.sg

Location



The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions.

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