Below we will tell you what precautions a person with diabetes needs to take before getting pregnant and during the pregnancy. We also put together a list of frequently asked questions on gestational *diabetes* and try to respond to them.

If you are planning to get pregnant or you are *actually feeling* pregnant, see your health care provider right away.

What is gestational *diabetes?*

Gestational diabetes is a type of diabetes that develops in pregnancy (usually begins between weeks 13 to 28 of pregnancy)

If you develop diabetes in pregnancy, it means that your body isn't releasing enough insulin, which is especially needed when you are pregnant. If you are diagnosed with diabetes during the first 3 months of pregnancy, it's likely that you have already had underlying diabetes.

Diagnosis of gestational diabetes

The type of test, which is used to see if you have gestational diabetes, is called an **oral glucose tolerance test**
. In this two-step approach a health care provider measures a woman's blood sugar before breakfast and does so again 2 hours after she drinks a sugar drink.

Tips for diabetics before pregnancy:

When you already have diabetes and is planning pregnancy, it is essential that you consult with a doctor who has experience in handling diabetes mellitus during pregnancy. He will tell you what tests you will require and will help you to learn the skills you need to know to manage your pregnancy.

Maintain healthy blood glucose levels

You will get a better chance of delivering a healthy baby if you are keeping your blood glucose levels in a healthy range. The first 8 weeks are especially important for your kid's development. If you have trouble staying in your blood glucose target range – particularly in the first trimester - , you increase the risk of your baby birth defects.

Have regular eye checks

Especially if you already have the diabetes eye damage ('diabetic retinopathy'). Pregnancy may cause pressure to build up in the eye. So, if you develop retinopathy, you should consult with your doctor.

Review all you medications and supplements with your doctor to make sure they are safe to continue using with pregnancy

Do you take hypertension medication? Talk with your health care team about your medications -what to keep taking and what to stop taking.

Drugs commonly used to treat 2- type diabetes and its complications may not be recommended in pregnancy as they could be harmful for your baby. Instead, your health care provider will show you how to take insulin. You may get back to your drugs after you've given birth.

Avoid alcoholic beverages

You should avoid alcoholic beverages while you're trying to get pregnant and throughout pregnancy.. Alcohol can lead to serious, lifelong problems for your baby. Then, alcohol can affect your blood glucose levels and cause hypoglycemia. So stick to the "less-is-better" principle.

Proper nutrition

Make healthy food choices. Learn the nutrition rules people with diabetes should follow.

Quit smoking

Smoking in pregnancy harms your unborn baby. Children whose mothers smoke are more likely to suffer from the complications caused by their mum’s diabetes. Stopping smoking is highly recommended by the doctors.

Vitamins and medications

Doctors often recommend that pregnant women should take a vitamin and mineral supplement before and during pregnancy (the first 12 weeks of pregnancy). You should do so to prevent birth defects in the spinal cord (spina bifida included). All the pregnant women suffering from diabetes are strongly advised to take folic acid, which is only available on prescription. You might want to discuss it with your health care provider.

Managing your diabetes during pregnancy

Tips for diabetics during pregnancy:

Find out what's happening with you and your baby in three stages of your pregnancy, what exactly you should expect , if you have diabetes, and what you should do .

First trimester

Your baby development

The embryo is going through lots of basic growth at this time. The major internal organs are all developing, such as the heart, brain, lungs, kidneys and gut. The beginning development of the nervous system. The early structures that will become the eyes, nose and ears are forming.

What you can do:

Tips for staying healthy and safe:

1. oCheck your blood glucosefasting-when you wake up, before you eat or drink anything and then check it 1 hour after a meal (as well as before bedtime if you take insulin)
2. oStick to your diet, exercise, stop smoking and avoid alcoholic beverages
3. oTake folic acid
4. oIf you have type 1 diabetes, your health care provider might recommend you test your urine or blood for ketones. You should learn how to do so. It may come in handy in case of hypoglycemia.
5. oMake sure that there will be someone for you to help youglucagon for severe low blood glucose.
6. oConsult your doctor if you are vomiting or have nausea.

Do not hesitate to contact your doctor if something is bothering or worrying you (whatever the problem is about).

Second trimester

Your baby development

Your baby is growing, both his head and his body. It starts moving and can display a grasping reflex. The lungs are not fully mature yet and the baby can’t breathe independent of his/her mum. Your baby's heart beats with a regular rhythm. Your baby’s eyes are sensitive to light.

The brain is developing rapidly over these few weeks.

What you can do:

Tips for staying healthy and safe:

- Check your blood glucose levels fasting-when you wake up, before you eat or drink anything and then check it 1 hour after a meal (as well as before bedtime if you take insulin)

Third trimester

Your baby development

The brain is developing. Your baby is getting bigger and bigger and has less space to move around. By the end of this period the baby is usually lying with her or his head pointing downwards, ready for birth.

What you can do:

- Check your blood glucose levels fasting-when you wake up, before you eat or drink anything and then check it 1 hour after a meal (as well as before bedtime if you take insulin)

- Stick to your diet, exercise, stop smoking and avoid alcoholic beverages

- Sleep when your baby sleeps and you will find out that it is easier to relax when your baby doesn’t move

Gestational diabetes

Are you at risk of developing gestational diabetes?

Your doctor will tell you if you are at risk of developing gestational diabetes. If you have one or more of the following factors you are more likely to develop gestational diabetes:

- If you are really overweight (obesity)
- Having a family history of Type 2 diabetes in a close relative (parents or brothers and sisters)
- If you have had a previous spontaneous miscarriage
- If you have had a previous large baby (greater than 4,5 kg.)
- Having gestational diabetes in a previous pregnancy
- Your family comes from Southern Asia, the Middle East or from the Caribbean area

If you have any of the risk factors listed above, do a test for gestational diabetes.

How can gestational diabetes affect your baby?

Most women are diagnosed with gestational diabetes in the third trimester of pregnancy. The baby's major internal organs have already developed and the child is at lower risk of having diabetes than if his mother is a woman with Type 1 or Type 2 diabetes.

Howisittreated?

Blood glucose levels can mostly be controlled with diet. You may be referred to a dietitian to advise you about a special diet. If this is not effective, medication or insulin will be needed (this is the case with 10-20% diabetics).

Blood glucose targets are the same as for the women having type 1 and type 2 diabetes. Must be treated in the same way.

Will I continue to have diabetes after my baby is born?

It is most likely to disappear.

You should have a blood test before you are discharged to make sure that blood glucose levels are within the acceptable range. You will have to repeat the test 6 months after giving birth and then to undergo tests annually.

If you take medication during pregnancy, sometimes you may stop taking it just after the birth.

And though gestational diabetes goes away after delivery, you are at an increased risk of developing type 2 diabetes later in life (30 %) if you've had gestational diabetes.

5-10 % of the women who have had gestational diabetes, develop type 1 diabetes later in life. Mostly it means that these women have already had underlying diabetes, exposed during pregnancy.

Am I going to have gestational diabetes the next time I am pregnant?

You at higher risk of developing gestational diabetes if you have already had one during a previous pregnancy. But if you were obese and have lost some weight the risk of the recurrence is lower. If you are planning another baby, don’t forget to check your blood glucose levels (16-18, 28 weeks).

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