

Diabetes Department Patient Information

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Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

Author: ML Wong
Role: Diabetes Consultant
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After Gestational Diabetes – what happens next?

This leaflet is for women who have Gestational Diabetes that is diabetes that has been diagnosed during pregnancy and not before.

What happens to diabetes after my baby is born?

- As soon as your baby is born, you should stop taking all medications for diabetes. This includes tablets and insulin.
- For a large majority of women, their blood glucose settle after their baby is born and no treatment is required
- Before you go home, your blood glucose should be tested to make sure it is back to normal
- If this is lower than 11mmol/l, no further finger prick testing is required
- If it is higher than 11mmol/l, in the next few days we recommend doing finger-prick glucose tests before meals, two to four times a day, to make sure it settles
- If it has not settled after a few days of testing, speak to your community midwife who will be visiting you after you have been sent home. You may need further advice or assessment from the diabetes team and may require treatment for diabetes again.

Are there any symptoms I should be aware of?

- If you develop symptoms of feeling very thirsty, frequently passing urine or losing weight, this may mean your blood glucose levels are high
- You need a finger prick test to confirm whether your blood glucose is high and seek help through your GP

Will I need more tests to look for diabetes?

- You will need a fasting blood glucose test between 6-13 weeks after your baby is born. This can happen at or after your 6 weeks' post-natal check with your GP.

- If this is not possible, another blood test called HbA1c can be done after 13 weeks
- If this test is normal, then you will need an annual HbA1c test to make sure you are not developing Type 2 Diabetes

What do my results mean?

- If your fasting glucose is less than 7mmol/l, you do not have Type 2 diabetes. However, you still have a moderate to high chance of developing Type 2 diabetes in the future. 5 out of 10 women with a history of gestational diabetes go on to develop Type 2 diabetes in the next five years.
- If your fasting glucose is 7 mmol/l or above, Type 2 diabetes is likely. Another test is required to confirm (e.g. HbA1c test or glucose tolerance test) if your HbA1c is 48 mmol/mol or more, you have Type 2 diabetes. Your GP should refer you for education sessions and give you advice regarding treatment and follow-up.

How do I reduce my risk of Type 2 Diabetes in the future?

- It is important to continue to improve and maintain a healthy diet after your baby is born
- An active lifestyle and exercise can help with managing your weight
- If you are able to maintain or even lose weight, this helps with reducing your risk of Type 2 Diabetes
- Speak to your GP regarding dietary or lifestyle changes you can make or any other supportive lifestyle programmes you can access, especially if your risk is high

Am I at risk of gestational diabetes again in a future pregnancy?

- Women who have gestational diabetes are at higher risk of developing gestational diabetes again in the future. Half of all women with a history of gestational diabetes go on to develop Type 2 diabetes in the next 5 years.
- It is important to tell your midwife that you have a history of gestational diabetes when you are pregnant again
- You will need a repeat glucose tolerance test as soon as you are pregnant rather than waiting till the second or third trimester for the test

Further Information

Diabetes Specialist Nurse – Telephone 01305 255342, bleep 439

Diabetes Dietitian – Telephone 01305 255526

Diabetes Department - Secretary – Telephone 01305 255737