



# Gestational Diabetes

Dear Patient

Our team of providers and nurses are committed to guiding you through the process of managing your gestational diabetes. Any new diagnosis can feel overwhelming. We have designed this handout to introduce you to the basics of managing gestational diabetes and ensuring a healthy pregnancy.

**It is important that you read this guide carefully and submit your blood sugar readings weekly as directed.** A sample log is provided for you at the end of this guide.

Our nursing team is here to support you. The best way to reach them for non-urgent questions is by portal message. Always call with any urgent questions or concerns.

## Adriatica Women's Health

# 972-542-8884

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# What is Gestational Diabetes?

Diabetes that starts during pregnancy is called gestational diabetes. Certain hormone levels increase in pregnancy to support the growth of your baby. These hormones can cause your blood sugar to go too high. Usually, this problem corrects itself after your baby is delivered.

## **What does this mean for me and my baby?**

When high blood sugar levels are not controlled during pregnancy your baby can grow too big. This can cause shoulder injury to your baby during delivery or can cause you to need a c-section. Right after delivery, the baby can have breathing problems, low blood sugar, or jaundice. In the future, the baby is at higher risk for obesity and diabetes. When blood sugars are not controlled, you have a greater risk of getting high blood pressure and developing a condition called pre-eclampsia, which could require hospital care and an early delivery.

## **What can I do to manage gestational diabetes?**

The best way to manage gestational diabetes is to follow a meal plan that balances the nutrition needed for your baby's growth with the food choices needed to control your blood sugar. Exercise and activity can also help to control your blood sugar. Your OB doctor can tell you how much exercise is right for you. In some cases, following a meal plan is not enough to keep your blood sugar under control. You may need to take insulin shots. If this is the case, we will teach you everything you need to know to give your shots and feel comfortable with this treatment.

## **Additional monitoring during pregnancy**

Your provider may order antenatal testing to monitor fetal well-being. This testing is standard practice in pregnancies with maternal medical problems or obstetrical problems that develop during pregnancy. Typically, testing includes weekly non-stress tests (fetal heart-rate monitor) and biophysical profiles (ultrasound).

# Monitoring Gestational Diabetes

## Blood Sugar Monitoring

Monitoring your blood sugar routinely is very important. Upon diagnosis, the nurse will submit an order for a glucometer to your pharmacy. It will come with a kit that provides all the supplies you need. If you need any refills or supplies, please let us know. This is designed for you to check your blood sugar at home, and you will carry it with you when you are away from your home.

## How will I check my blood sugar?

You will measure your glucose levels through a finger-prick test (glucometer). It is recommended to prick the sides of your fingers near the tip (as there is less sensation than the finger pad) when using your lancet from the kit. Wash your hands before and be sure to alternate fingers when checking your blood sugar.

## How often do I need to test my blood sugar?

You will test your blood sugar a minimum of four times a day. Every morning (**fasting**) and 2 hours after each daily meal (breakfast, lunch, dinner).

## Submitting your blood sugar logs

You will submit your readings to your provider via the PATIENT PORTAL every Monday. This will help us monitor and guide treatment if needed. At the end of this handout, we have provided a template to use when recording your readings.

## The ideal (goal) target glucose:

- Fasting: 95 mg/dl or under.  
(Fasting means it should be as soon as you get up in the morning)  
-Having the glucometer at the bedside is recommended so you remember.
- Postprandial (2 hours after each meal) 120 mg/dl or under.

# Managing Gestational Diabetes

## Education

### Initial Telemedicine Consult

Your initial education will be scheduled with one of our Nurse Practitioners via telemedicine. They will introduce you to the basics of managing your gestational diabetes and will be able to answer any initial questions.

### Diabetic Education and Nutritional Consult

Your comprehensive diabetic consultation will be scheduled with the nutritionist at Baylor Scott & White Medical Center McKinney. We will submit a referral directly to them and they will call you to set up an appointment. You can also reach them at (469) 764-1815.

An alternate resource for diabetic counseling:

Cecilia Zhao RDN, CDCES

P: 682-337-3138

1701 W Northwest Hwy, Suite 100, Grapevine, Texas 76051

diabetespecialist@gmail.com & <http://provider.kareo.com/jun-zhao>

### After delivery

If you used insulin shots during your pregnancy, you will need to have a 2-hour glucose tolerance test six to eight weeks after delivery to make sure that you no longer have diabetes.

### Support

We are here to answer any questions or concerns you have.

The best way to reach the nursing team for any non-urgent questions is by sending a portal message.

Please call the office if you have any urgent questions or need immediate assistance.

Always call 911 in the case of an emergency.

## Gestational Diabetes Health Risks

### **Can gestational diabetes increase your risk for problems during pregnancy?**

Yes. If not treated, gestational diabetes can increase your risk for pregnancy complications and procedures, including:

**Macrosomia.** This means your baby weighs more than 8 pounds, 13 ounces (4,000 grams) at birth. Babies who weigh this much are more likely to be hurt during labor and birth and can cause damage to his or her mother during delivery.

#### **Shoulder dystocia or other birth injuries (also called birth trauma).**

Complications for birthing parents caused by shoulder dystocia include postpartum hemorrhage (heavy bleeding). For babies, the most common injuries are fractures to the collarbone and arm and damage to the brachial plexus nerves. These nerves go from the spinal cord in the neck down the arm. They provide feeling and movement in the shoulder, arm and hand.

**High blood pressure and pre-eclampsia.** High blood pressure (also called hypertension) is when the force of blood against the walls of the blood vessels is too high. It can stress your heart and cause problems during pregnancy. Preeclampsia is when a pregnant person has high blood pressure and signs that some of their organs, such as the kidneys and liver, may not be working properly.

**Perinatal depression.** This is depression that happens during pregnancy or in the first year after having a baby (also called postpartum depression).

Depression is a medical condition that causes feelings of sadness and a loss of interest in things you like to do. It can affect how you think, feel, and act and can interfere with your daily life.

**Preterm birth.** This is birth before 37 weeks of pregnancy. Most women who have gestational diabetes have a full-term pregnancy that lasts between 39 and 40 weeks. However, if there are complications, your health care provider may need to induce labor before your due date. This means your provider will give you medicine or break your water (amniotic sac) to make your labor begin.

**Stillbirth.** This is the death of a baby after 20 weeks of pregnancy.

**Cesarean birth** (also called c-section). This is surgery in which your baby is born through a cut that your doctor makes in your belly and uterus. You may

need to have a c-section if you have complications during pregnancy, or if your baby is very large (also known as macrosomia). Most people who have gestational diabetes can have a vaginal birth. But they're more likely to have a c-section than people who don't have gestational diabetes.

Gestational diabetes also can cause health complications for your baby after birth, including:

**Breathing problems, including respiratory distress syndrome.** This can happen when babies don't have enough surfactant in their lungs. Surfactant is a protein that keeps the small air sacs in the lungs from collapsing.

**Jaundice.** This is a medical condition in which the baby's liver isn't fully developed or isn't working well. A jaundiced baby's eyes and skin look yellow.

**Low blood sugar (also called hypoglycemia)**

**Obesity later in life**

**Diabetes later in life**

Resources: <https://www.marchofdimes.org/find-support/topics/pregnancy/gestational-diabetes#:~:text=Gestational%20diabetes%20is%20a%20condition,of%20glucose%20in%20your%20blood.>



## Adriatica Women's Health

### Weekly Blood Glucose Monitoring Log

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Day	Date	Before Breakfast	2 Hours After Breakfast	2 Hours After Lunch	2 Hours After Dinner	Comments
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						