



# The Bronx Health Link

MARCH 2007

## Gestational Diabetes

### Inside this issue:

**Y**ou are 28 weeks pregnant. Your health care provider has just told you that you have gestational (ges-TAY-shun-all) diabetes. Should you be concerned?

The short answer is YES.

### What is gestational diabetes?

Pregnant women who never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes.

We do not know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop. But these hormones also block the action of the mother's insulin. This problem is called

insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin.

Gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood and be changed to energy. Glucose builds up in the blood to high levels. This is called hyperglycemia (hi-per-gli-SEEM-ee-ah).

### How diabetes can affect your baby

Gestational diabetes affects the mother in late pregnancy. The baby's body has been formed, but is still growing. Because of this, gestational diabetes does not cause the kind of birth defects seen in babies whose mothers had diabetes before pregnancy. But if



gestational diabetes is not treated or is poorly controlled, it can hurt you and your baby.

### Treating Gestational Diabetes

Because gestational diabetes can hurt you and your baby, you need to start taking care of yourself quickly. The goal of treating gestational diabetes is to keep blood glucose levels the same as those of pregnant women who do not have gestational diabetes. Treatment always includes special meal plans and physical activity.

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### Special points of interest:

- ◆ *Ways to keep your worry in check*
- ◆ *Cooking tips for those with diabetes*
- ◆ *Factors for those who are at the highest risk*
- ◆ *FAQs: Gestational Diabetes*

# What it Means for Me and My Baby

## How can gestational diabetes affect me and my baby?

For most women with gestational diabetes, the main worry is that too much glucose will end up in the baby's blood. Your baby's pancreas needs to produce more insulin to process the extra glucose. All this excess blood sugar and insulin can cause your baby to make more fat and put on extra weight. This can lead to what is called *macrosomia* (mack-row-SO-me-ah). A baby with macrosomia may be too large, and your doctor may recommend delivering by cesarean section. This is major surgery that can sometimes lead to serious infections for you and other problems for your baby.

Shortly after delivery, your baby may also have low blood sugar, called hypoglycemia (hi-po-gly-SEEM-ee-ah). Your delivery team will test the baby's blood sugar at birth. If it is low, you will want to feed him or her soon, either by breastfeeding or giving him or her some formula. If your blood sugar control is especially poor, your baby's heart function could be affected. **Some studies have found that women with severe gestational diabetes have a higher risk of stillbirth in the last two months of pregnancy.**



Finally, having gestational diabetes makes you about twice as likely to develop pre-eclampsia (high blood

pressure and too much protein in the urine) as other pregnant women.

**Some studies have found that women with severe gestational diabetes have a higher risk of stillbirth in the last two months of pregnancy.**

## What can I do if I have gestational diabetes?

You will need to follow a diet suggested by your doctor, exercise regularly and have blood tests to check your blood sugar level. You may also need to take medicine to control your blood sugar level.

## What changes should I make in my diet?

Your doctor may ask you to

change some of the foods you eat. You should avoid eating foods that contain a lot of simple sugar, such as cake, cookies, candy or ice cream. Instead, eat fruits—they contain natural sugars—but try to avoid very sweet fruits like bananas or grapes.

If you get hungry between meals, eat foods that are healthy for you, such as carrot sticks or a piece of fruit. Whole wheat noodles or macaroni, whole wheat breads, brown rice and fruit are good for both you and your baby.

It is also important to eat well-balanced meals. You may need to eat less at each meal, depending on how much weight you gain during your pregnancy.

## Why is exercise important?

Your doctor will suggest that you exercise regularly at a level that is safe for you and the baby. Exercise will help keep your blood sugar level normal, and it can also make you feel better. Walking is usually the easiest type of exercise when you are pregnant, but swimming or other exercises you enjoy work just as well. Ask your doctor to recommend some activities that would be safe for you.

If you are not used to exercising, try going for 10 minutes every

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# Gestational Diabetes

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It may also include daily blood glucose testing and insulin injections. You will need help from your doctor so that your treatment for gestational diabetes can be changed as needed.

One important reason to get treated for gestational diabetes

is that you may have less of a chance of needing to give birth by cesarean section. Sticking with your treatment for

**Gestational diabetes treatment includes special meal plans and physical activity.**

gestational diabetes will give you a healthy pregnancy and birth, and may help your baby avoid future poor health.

*Information compiled from:*

**American Diabetes Association**, [www.diabetes.org/gestational-diabetes.jsp](http://www.diabetes.org/gestational-diabetes.jsp)

## Looking Ahead & Keeping Worry in Perspective

Gestational diabetes usually goes away after pregnancy. But once you have had gestational diabetes, you are far more likely to get it again in future pregnancies. In a few women, however, pregnancy uncovers “type 1” and “type 2” diabetes. (With type 1, your body does not make enough insulin; with type 2, your body has too much blood sugar most of the time). These women will need to continue diabetes treatment after pregnancy.

After getting gestational diabetes, many women later develop type 2 diabetes. Gestational diabetes and type 2 diabetes both involve insulin resistance. Basic lifestyle changes, like diet and exercise, may help prevent type 2 diabetes after gestational diabetes.

**Losing weight** Do you weigh more than your doctor says is the

best weight for you? Losing even a few pounds can help you avoid developing type 2 diabetes.

### **Making healthy food choices**

Healthy eating habits can go a long way in preventing diabetes and other health problems. Eat a variety of foods each day, including fresh fruits and vegetables. Limit fat intake to 30% or less of daily calories, and watch your portion size.

**Type 1 Diabetes: your body does not make enough insulin.**  
**Type 2 Diabetes: your body has too much blood sugar most of the time.**

**Exercising** Regular exercise allows your body to use glucose without extra insulin. This helps

combat insulin resistance and is what makes exercise helpful to people with diabetes. Never start an exercise program without checking with your doctor first.

While gestational diabetes is a cause for concern, the good news is that you and your health care team - your doctor, obstetrician, nurse, and dietitian - can work together to lower your high blood glucose levels. And with this help, you can turn your concern into a healthy pregnancy for you, and a healthy start for your baby.

*Information compiled from:*

**American Diabetes Association**  
[www.diabetes.org/gestational-diabetes.jsp](http://www.diabetes.org/gestational-diabetes.jsp)

# What it Means for Me and My Baby

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day. As you get stronger you can increase your exercise time to 30 minutes or more. The longer you exercise and the more often you exercise, the better the control of your blood sugar will be. You do need to be careful about how you exercise. If you become dizzy, or have back pain or other pain while exercising, stop and call your doctor. If you have uterine contractions (stomach cramps) or vaginal bleeding, or your water breaks, call your doctor right away.

## What tests will I need to have during my pregnancy?

Your doctor will ask you to have blood tests often to check your blood sugar level. These tests will let you and your doctor know if your diet and exercise are keeping your blood sugar level normal. If your blood sugar level is regularly higher than normal, your doctor may ask you to begin taking a medicine called **insulin** to help lower it. You may be asked to see a specialist if you have to start taking insulin.

## What happens after my baby is born?

It may take several weeks after your baby's birth before your gestational diabetes goes away. To make sure it has gone away, your doctor will ask you to have a special blood test one or two months after you have your baby. Even if the gestational diabetes goes away after the baby's birth, it makes you

have a higher risk for diabetes in your next pregnancy and later in life. That is why it is important that you continue to exercise, watch your weight and eat a healthy diet.

## Will my baby be monitored during my pregnancy to avoid complications?

Your doctor may want to monitor your baby more during your last 2 to 3 months of pregnancy. She will explain how you should begin counting your baby's movements during your third trimester so you can alert her immediately if you sense that your baby is less active.



Starting around 32 weeks, you may need fetal heart monitoring or ultrasounds to check on your baby's well-being:

- if you are unable to keep your blood sugar under control, or
- if your sugar is high enough that you need insulin, or
- if you have any other risk factors.

But if you can keep your diabetes under control without insulin and if you have no other problems, you might not begin these tests until your last few weeks or until your due date.

**Gestational diabetes usually goes away after the baby's birth, but you may be at a higher risk for diabetes later in life.**

Your doctor may also order an ultrasound around 29 to 33 weeks to measure your baby and estimate his or her weight. At that point, if your baby is already getting too big, you might be started on insulin. Your doctor may order another test closer to labor if she thinks your baby may be large, but ultrasound is not usually very accurate at measuring a baby's size late in pregnancy. Depending on your situation, you might be induced (using medicines or other ways to speed up contractions) before your due date, or your practitioner may recommend delivering by c-section.

*Information compiled from:*

**BabyCenter Website,**  
[www.babycenter.com/refcap/pregnancy/](http://www.babycenter.com/refcap/pregnancy/pregcomplications/2058.html)  
[pregcomplications/2058.html](http://pregcomplications/2058.html)  
and

**American Academy of Family Physicians,**  
[www.familydoctor.org/075.xml](http://www.familydoctor.org/075.xml)

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## Risk Factors: What You Should Know

You are considered at high risk for this condition and should get screening tests early in your pregnancy if you:

- are obese (have a Body Mass Index of 30 or more); or
- have a personal or family history of diabetes (it could have happened to you, your mother, father, sister or brother).

Some doctors will also screen you early if you:

- have sugar in your urine tests, or
- have given birth to a very big baby, or
- have had an unexplained stillbirth, or
- have had a baby with a birth defect, or
- have high blood pressure.

Other doctors will wait until 24 to 28 weeks of pregnancy to do the screening. But some experts do not think every pregnant woman should be screened. In some cases, the screening tests may incorrectly show you as having gestational diabetes. When that happens, a doctor may recommend a delivery by c-section, which might have risks to you and your baby.

*Information compiled from:*

American Diabetes Association

[www.diabetes.org/gestational-diabetes.jsp](http://www.diabetes.org/gestational-diabetes.jsp)

and

[www.gentlebirth.org/archives/gdhgoer.html](http://www.gentlebirth.org/archives/gdhgoer.html)

## COOKING TIPS for Healthy Eating

### TO DECREASE YOUR TOTAL FAT AND CALORIE INTAKE:

**Reduce fat in baked products.** Reduce the amount of fat in baked products by 1/4 to 1/3. If a cookie, quick bread or muffin recipe calls for 1 cup oil, use 2/3 cup instead. (Do not do this for yeast breads or pie crusts.)

**Use vegetable oil instead of solid fats.** Instead of using solid fats like shortening, lard and butter, use vegetable oil in your recipes. Types of vegetable oils include corn oil, canola oil and peanut oil. If a recipe calls for 4 tablespoons of shortening or butter, use 3 tablespoons of oil instead. In baked products, use the same amount of applesauce as you would use vegetable oil.

### Use substitutes for eggs and sour cream:

- Egg substitutes are better than plain egg whites.
- Instead of sour cream, use plain low-fat or nonfat yogurt in the same amounts.
- You can also substitute buttermilk or blended low-fat cottage cheese.

### Use skim or 1% milk instead of whole milk or half and half.

For extra richness, try evaporated skim milk.

**Use corn starch and skim milk** to make sauces creamy. Add 1 tbsp. of cornstarch to 1 to 2 cups of skim milk. Add a little at a time, stirring until you get it as smooth and thick as you want.



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## Monthly Newsletter

THE BRONX HEALTH LINK, INC.



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We're on the Web!  
[www.BronxHealthLink.org](http://www.BronxHealthLink.org)

## Our Mission

The Bronx Health Link, Inc. (TBHL) is a Bronx-wide network of diverse service providers, organizations, coalitions, agencies, community stakeholders, residents, and students. We serve the Bronx and NYC in various ways, including as a clearinghouse for information and referral, providing technical assistance as needed, and broadcasting information through the TBHL Email Communication Network, which has over 500 subscribers. The daily E-Comm provides e-mail messages on a wide scope of information, including grant and job opportunities (Mon.), public health and medical access news (Tues.), community and provider events and resources (Wed.), medical research and safety alerts (Thurs.), and news on maternal, infant, child, adolescent, and women's reproductive health research, news, and resources (Fri.). You can subscribe at [www.bronxhealthlink.org](http://www.bronxhealthlink.org).

Our mission is to improve community health by:

- identifying emerging community health issues;
- increasing communication to better serve the community;
- providing information to providers and community residents on services and resources; and
- increasing access to available services and programs.

## COOKING TIPS for Healthy Eating

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### TO DECREASE SODIUM (SALT):

**Use low-sodium or unsalted ingredients.** To decrease the amount of sodium in your foods, use low-sodium or unsalted ingredients in your recipes. Aim to eat no more than 1/2 to 1 and 1/2 teaspoons of salt per day.

### TO DECREASE SUGAR:

**Avoid sodas.** Most are very high in added sugar.

**Avoid adding sugar to your food and drinks.**

**Reduce sugar in baked goods and desserts.** Try cutting the amount by 1/4 to 1/3.

### TO INCREASE THE FLAVOR:

**Use spices to increase flavor in addition to reducing the amount of sugar in your recipes.**

Adding cinnamon, nutmeg, vanilla, or cardamon to your recipes will make your dishes taste sweeter.



Information compiled from: Ohio State University Human Nutrition and Food Management  
<http://vgs.diabetes.org/recipe/cookingtips.jsp>