



## Help us to help you

The Diabetes in Pregnancy Team at the hospital consists of specialists who work together with your lead maternity carer (LMC) to monitor your pregnancy and help you manage your diabetes. The team consists of an obstetrician, a physician, midwives and a dietician. You can help us by:

- Recording your blood sugars accurately
- Making sure you have regular check ups with your lead maternity carer (LMC)
- Attending your clinic appointments on time
- Making sure you undertake any scans or tests that have been requested
- Being aware of your baby's movement pattern and reporting concerns
- Keeping in touch with your diabetes midwife weekly.

**Your diabetes midwife:**

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**Contact number: (Mon - Fri, 8am – 4.30pm)**

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## Emergencies

If you are unwell or have concerns about your pregnancy please contact your lead maternity carer (LMC) for advice.

**North Shore Hospital Birthing Suite:**  
(09) 486 8915

**Waitakere Hospital Piha Ward:**  
(09) 8376605

## Clinic times

**North Shore Hospital**  
Maternity & Child Health Services  
3 Shea Terrace  
Monday and Wednesday afternoons

**Waitakere Hospital**  
Antenatal Clinic, Maternity  
Tuesday and Thursday afternoons  
Please attend on time to avoid delays.

## Further information

Diabetes New Zealand provides lots of information about diabetes

[www.diabetes.org.nz](http://www.diabetes.org.nz)



# Diabetes in pregnancy

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## Diabetes in pregnancy

### Diabetes that happens in pregnancy is known as gestational diabetes.

It is caused by an increase in pregnancy hormones affecting the balance between insulin and sugar in your blood. This results in abnormally high blood sugar levels.

Diabetes in pregnancy affects about one in 20 pregnant women. It is unlikely that you will feel unwell with the condition; however it can cause complications for you and your baby.

For you the complications might include urine infections, high blood pressure and caesarean section.

For your baby the complications can include growing too large, or not growing enough; breathing difficulties at birth; low blood sugar levels after birth and newborn jaundice. These may lead to a slightly longer stay in hospital or, in some cases, your baby needing to go to the Special Care Baby Unit (SCBU). In rare cases there is a higher chance of stillbirth.

## What you can do

The risks are greatly reduced if you can keep your blood sugar levels as close to the normal range as possible, ideally:

**Before breakfast:** .....

**Two hours after a meal:** .....

- Eat healthy food – Eat regular meals, watch your portion sizes and avoid fizzy drinks and juices. Enjoy plenty of vegetables, try new ones.
- Get active – Be active for 30 minutes every day (swimming, walking, yoga, aqua natal classes).
- Watch your weight – Weigh yourself weekly. In your pregnancy you should not put on more than:

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- Test your blood sugar – Keep track of your blood sugar level by testing it four times a day and write the results down.

## Treatment

Sometimes diet and activity is not enough, so other treatment may be needed. The options are insulin injections or tablets called Metformin. Your diabetes team will discuss these with you if you need them.

## Long term effects

Your baby will not be born with diabetes, but could develop diabetes later in life if he/she is born large and remains overweight. Breastfeeding helps protect babies against obesity and diabetes.

For most women diabetes resolves after pregnancy. However you will still be at risk of developing diabetes again in later life. It is important that you reach your ideal weight as soon as possible.

