



Gestational diabetes: what you need to know

Information for women, birthing people, and their families

If you are reading this leaflet, you may have been diagnosed with gestational diabetes, or know someone who has.

What is gestational diabetes?

Gestational diabetes is a type of diabetes that affects pregnancy. It usually occurs during the second or third trimester. Women or birthing people with gestational diabetes do not have diabetes before their pregnancy. It usually goes away after giving birth.

What causes gestational diabetes?

Hormones produced during pregnancy can make it difficult for your body to use insulin properly. So being pregnant puts you at an increased risk of insulin resistance. Pregnancy places a heavy demand on your body. You may not be able to produce enough insulin to overcome this insulin resistance. This makes it difficult to use glucose (sugar) for energy. If glucose remains in the blood and the levels rise, this leads to gestational diabetes.

Gestational diabetes is common. It affects at least four to five in 100 women or birthing people during pregnancy.

What extra care will be needed during my pregnancy?

- **Specialist healthcare team**

You will be under the care of a specialist healthcare team. You will be advised to have your baby in a hospital which has a consultant-led maternity unit and a neonatal unit. This healthcare team may include:

- a doctor specialising in diabetes
- an obstetrician

- a specialist diabetes nurse
- a specialist diabetes midwife
- a dietician, and
- your community midwife.

Having gestational diabetes will mean more contact with your healthcare team. You should receive extra care as soon as your gestational diabetes is diagnosed.

- **Healthy eating and exercise**

It is important for you and your baby that you follow a healthy balanced diet and take regular exercise. This is one of the most important treatments for gestational diabetes. Walking for 30 minutes after a meal can help with managing your blood glucose levels.

Gestational diabetes can improve with these changes. The web links below give basic diet and lifestyle advice for gestational diabetes. For more detailed advice, please ask to be referred to a specialist dietitian.

- British Dietetic Association
(<https://www.bda.uk.com/asset/E2C3FAC8%2D7A56%2D4F89%2D849AC39E97F185FE/>)
- Diabetes UK. What can I eat with gestational diabetes? (<https://www.diabetes.org.uk/living-with-diabetes/eating/gestational-diabetes>)
- East Kent Hospitals University NHS Foundation Trust. Gestational Diabetes: breakfast and snack ideas. June 2025. (<https://leaflets.ekhuft.nhs.uk/gestational-diabetes-breakfast-and-snack-ideas/html/>)
- Healthy eating with gestational diabetes. YouTube video. (<https://www.youtube.com/watch?feature=youtu.be&v=GLwZLMCbziQ&app=desktop>)

[Web sites last accessed 14th October 2025]

- **Monitoring your blood glucose**

You will be shown how to check your blood glucose levels, and told what your ideal level should be. You may need to take tablets or give yourself insulin if you cannot maintain these blood glucose levels, or if an ultrasound scan shows that your baby is larger than expected. If your blood glucose level is very high at the time of diagnosis, you may be offered treatment straight away. This will be in addition to making changes to your diet and exercise.

- **Monitoring your baby**

You should be offered extra ultrasound scans to monitor your baby's growth more closely. You must report a slowing down or change in pattern of baby's movements.

How can gestational diabetes affect my pregnancy?

Most women or birthing people who develop gestational diabetes go on to have healthy pregnancies and healthy babies. Occasionally, it can lead to complications, especially if it is not recognised or treated.

Your midwife, doctors, nurses, and dietitians will work with you, and set you targets for your blood glucose levels. Monitoring your levels correctly, and meeting your targets will reduce the risk of complications. This will increase your chances of a healthy pregnancy.

Gestational diabetes can lead to:

- Your baby growing larger than usual. This could lead to difficulties during your delivery. This may increase the chances of having your labour induced or a caesarean section.
- Polyhydramnios. There is a possibility of developing too much fluid surrounding the baby. This can cause premature labour or problems at delivery.
- Shoulder dystocia. Baby's shoulder gets stuck during birth after delivery of their head.
- Your newborn may have low blood glucose levels (neonatal hypoglycaemia).
- Still birth.
- Perinatal death, your baby dying at around the time of the birth.
- Your newborn needing extra care after birth, possibly in a neonatal unit.
- Your baby having a higher risk of being overweight or obese and / or developing type 2 diabetes in later life. As your child grows, managing their weight, eating healthily, and being physically active will reduce this risk.
- There is an increased chance of premature labour (giving birth before 37 weeks).
- There is a risk of developing high blood pressure during pregnancy.
- Up to one in two pregnancies with gestational diabetes will develop type 2 diabetes within the following five years.

Will I need treatment?

In addition to diet and exercise, you may need to take tablets and / or have insulin injections. These will help to control your blood glucose if you cannot maintain your levels.

If you need insulin, your specialist healthcare team will explain exactly what you need to do. You will be shown how to inject yourself with insulin. Told how often / when to take it, and how to check your blood glucose levels. You will also be shown how to manage your blood sugar level if it is too high or too low, and who to contact.

You should also be given information about driving with diabetes. Please refer to UK government advice on driving with diabetes (<https://www.gov.uk/diabetes-driving>) for further details.

What are my birth options?

You can discuss your birth preferences with your midwife or obstetrician. They will discuss the options that are available to you. The options will include:

- waiting for labour to start naturally

- having an induction of labour, or
- having a planned caesarean birth.

This decision will depend on your individual circumstances and your preferences.

Your healthcare professional will discuss the risks and benefits of each option with you. You will be advised to have your baby in a hospital with a consultant-led maternity and neonatal unit. We also advise delivery before 40 weeks and 6 days of your pregnancy. Your healthcare team may recommend birth earlier than this if there are pregnancy complications affecting either you or your baby, or you need medications to control your blood sugars.

What happens in labour?

It is important to control your blood glucose levels throughout labour and birth. This will help to avoid problems for your baby after birth. Your blood glucose will be monitored. You may need an insulin drip to control your blood glucose level.

What happens after my baby is born?

- Your baby will stay with you unless they need extra care. Occasionally, they may need to be looked after in a neonatal unit if they are unwell or need extra support.
- Your baby should have their blood glucose level tested a few hours after birth, to make sure that it is not too low.
- Gestational diabetes usually goes away after birth. You will stop taking all diabetes medications immediately after your baby is born. Before you go home, your blood glucose level will be tested to make sure that it has returned to normal.
- You should have a fasting blood glucose test six to 13 weeks after the birth of your baby. If you continue to have high blood glucose levels, you will be offered further tests for diabetes.
- You will be given information about your lifestyle. This will include diet, exercise, and watching your weight. This will help to reduce the risk of developing type 2 diabetes in the future.
- Up to one in two women or birthing people, who have had gestational diabetes develop type 2 diabetes within the following five years. You will therefore be advised to have a test for this every year. You may be offered a referral into the NHS Diabetes Prevention Programme. This will be based on your blood results.

What are my options for feeding my baby?

You can either choose to breastfeed or formula feed your baby. Whichever you choose, you should start feeding as soon as possible after birth. Regular feeding, every two to three hours, will help your baby's blood glucose stay at a safe level. Babies born to women or birthing people with gestational diabetes have a risk of having low sugar levels after birth.

In addition to breastfeeding, you may need to hand express and give your baby this early breast milk (called colostrum). It is safe to express colostrum in pregnancy, from 36 weeks onwards and to store it for use after

giving birth. This colostrum can be used to supplement breastfeeding and expressing. Your healthcare team will be able to advise you about how to store breastmilk safely.

What do I need to know about future pregnancies?

You can reduce your risk of developing gestational diabetes in future pregnancies. Maintaining a healthy weight, eating a balanced diet, and taking regular physical exercise will help to reduce your risks. As soon as you find out you are pregnant, contact your healthcare team for advice about your antenatal care.

Your gestational diabetes checklist

It can be a lot to take in when you first get diagnosed. This checklist will help you get the right care and information when it counts.

- Make sure you understand the condition and how it is treated. Speak to your health professional if you do not understand anything you have been told, or if you have any questions.
- Get to know who is in your healthcare team and what they do.
- Ask for a blood glucose meter and agree your targets with your healthcare team.
- Make sure you have a Maternity Exemption Certificate from your GP / healthcare team / midwife for free prescriptions.
- Talk to a health professional about your diet and exercise during pregnancy.
- Find out who to call if you need extra help and support.
- Make sure you know what to do if your blood sugars are too low or too high.
- Make sure to discuss your preferences, and birth options for mode and timing of delivery.
- Ask about colostrum harvesting.
- Make sure you understand the postnatal follow-up, and possible need of referral for diabetes prevention.
- Make sure you understand the need for early monitoring during your next pregnancy.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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