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GESTATIONAL DIABETES

Your glucose tolerance test has come back suggesting you have what is called gestational diabetes. This is a relatively common condition affecting about 1 in 15-20 women who get pregnant. The good news is that about 90% of women who have gestational diabetes go on to have no sign of diabetes once the pregnancy is over.

What is gestational diabetes?

Gestational diabetes is a type of diabetes which affects women when they are pregnant. Diabetes is a disorder where the body does not produce enough insulin or does not respond normally to normal amounts of insulin. During pregnancy the placenta is very active producing hormones which sustain the pregnancy. Some of these hormones also have an effect on insulin levels actually working in opposition to the natural insulin that circulates in your body. This has the effect of making your body work harder to keep glucose at the right level. The risk factors for developing diabetes are having a family history of diabetes or being overweight.

We know that if mothers have very high circulating levels of glucose it can affect the baby. The baby has higher blood glucose levels and because of this the baby has higher levels of insulin in its blood. These higher insulin levels encourage the baby to grow and sometimes it can mean that the baby is much larger than normal. Sometimes these high insulin levels continue to affect the baby's blood sugar level even after it is born and so frequently we will need to monitor the blood glucose level of your baby for a short time after it is born.

What treatment is necessary?

After I see you I will arrange for you to be seen by a diabetes educator, (Liz Powell ph 33596595 or Trish Bowden ph 32667444) who will discuss diet and teach you how to test your blood sugar. Frequently, this monitoring as well as the change in your diet to decrease the amount of sugar is all that is necessary. Sometimes if your blood sugar levels are high and not managed by diet or tablets, I will arrange for review by an Endocrinologist (a specialist doctor) who may decide to put you on some extra insulin to help control your blood sugar.

When the time comes to have the baby most women with gestational diabetes will have a normal delivery at the expected time as per usual. In a small percentage of cases, the baby may need to be delivered earlier and you may need to be induced or to have a caesarean section. I will discuss the need for these interventions in more depth with you should you need to have any of them.

After the baby is born.

Once your baby is born your blood sugar levels should fairly rapidly return to normal the way they were before you were pregnant. We normally ask you to have another glucose tolerance test two to three months after the baby is born to make sure that your glucose tolerance has returned to normal. Having had gestational diabetes should not affect your ability to breast feed. As I mentioned previously we will keep an eye on your baby's blood sugar levels and sometimes they may need to have a drip inserted to give them extra sugar if their blood sugar levels are low.

This information sheet is meant to give you a quick, broad, overview on gestational diabetes. If you have any questions do not hesitate to call my secretary for an appointment and we can discuss these further.

Endocrinologists I frequently use are Winifred Lee , Ross Cuneo whose offices are on the fifth floor of “Alexandra” 201 Wickham Terrace Phone 38311733, Neisha D’Silva 250 McCulloch Street Sunnybank Phone 33452143 or Geoff Moore Wesley Medical Centre Phone 38710050 for an appointment.

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