

Diabetes in pregnancy
What is diabetes and
gestational diabetes?

www.anthem.com/vamedicaid



Gestational diabetes is diabetes that happens only when you are pregnant. It's usually tested for between 24 and 28 weeks of pregnancy. The sugar in your blood also goes to your baby.

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Diabetes is when there are high levels of glucose, or sugar, in your blood.

Your body turns most of what you eat and drink into glucose (sugar). Glucose travels from the bloodstream into your body's cells where it can be used as fuel. To help turn glucose into fuel or energy for your body, your pancreas (a gland in your belly) produces a hormone called insulin. If you have diabetes, this process does not work well and your body does not get all the fuel it needs.

The two most common types of diabetes are:

Type 1 diabetes: The body makes no insulin.

Type 2 diabetes: The body does not make or use insulin properly.

How does gestational diabetes affect your baby?

- Too much sugar in the first three months of pregnancy can cause problems with how your baby is developing.
- Too much sugar in the last half of your pregnancy can cause your baby to grow too large and make delivery difficult.
- Women with diabetes that is not well controlled have a higher chance of needing a C-section and a longer time to recover.
- Diabetes increases the risk of high blood pressure, which can cause problems for the mother and baby.

 A mother's high blood sugar can cause the baby to have low blood sugar after birth.

If you had diabetes before you became pregnant, your doctor may increase the amount of insulin or medicine you take. That's because your body does not use insulin as well as it did before you became pregnant.

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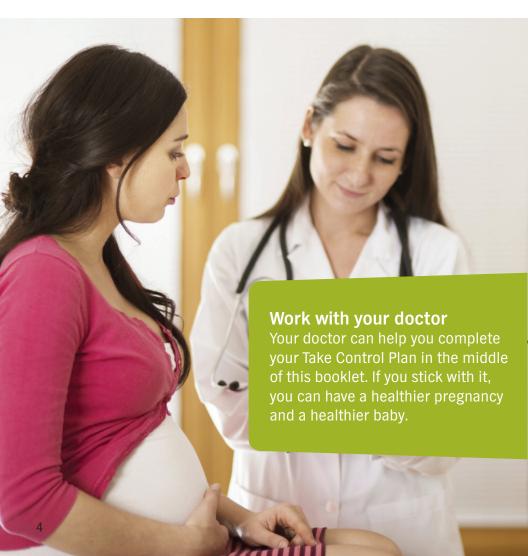
Blood sugar

What is your safe blood sugar range?

You can use the chart on page 10 to record your blood sugar results. Ask your doctor to look at them at each visit. If you have any questions about doing the test, ask someone to review the steps with you.

What can you do to help keep your blood sugar levels safe?

Here are a few tips about how to keep your blood sugar levels safe and what to do if they are not.



Low blood sugar

High blood sugar

How you might feel

- Shaky, cold sweat, very hungry, numb lips
- Very tired, irritable, frequent peeing, blurry vision, extreme thirst and hunger

To prevent it

- Take your medicine as prescribed.
- Eat at the same times every day.
- Test blood sugar before and after exercise.
- Take your medicine as prescribed.
- Follow your meal plan.
- Watch portion sizes during meals.
- Tell your doctor if you are sick.
- Keep moving! (if your doctor says exercise is OK)

To treat it

- If you can, test your blood sugar before treating.
- Eat 15 grams of fast-acting carbohydrate food. (See list)
- Test again in 15 minutes.
 If still low, eat fast-acting carbohydrate food again.
 Retest in 15 minutes.
- If you have two low results in one day, call your doctor.

- Test your blood sugar every two hours.
- Drink eight ounces of water every hour.
- Talk to your doctor about when to call about high results.

15 g of fast-acting carbohydrate to eat when you have low blood sugar:

- ½ cup (4 oz.) fruit juice
- ½ can (6 oz.) regular soda
- 1 cup (8 oz.) milk

- 2 tablespoons raisins (small box)
- 3-4 hard candies

Eating healthy for you and your baby

Making the best food choices during pregnancy helps you control your blood sugar and weight gain. You can make sure you and your baby get the nutrition you both need to stay healthy. Healthy meals are ones that you make yourself instead of buying.

Making healthy food choices is important:

- 1. To have a healthy baby.
- 2. To gain weight at the right rate, not too fast or too much.
- 3. To keep your blood sugars within the safe range.

Eat from each food group daily to have a healthy baby

Mix it up!

Variety can keep meal time interesting and exciting.

- Vegetables Eat plenty of these (fresh or frozen preferred).
- Fruits Choose a variety of colors (fresh or frozen preferred).
- Protein Lean meats, eggs, fish, lamb, seafood, nuts, nut butters, dried beans
- Whole grains Whole wheat bread, brown rice, oatmeal, whole grain tortillas
- Dairy Milk, yogurt, cheese
- Healthy fats Olive oil, canola oil, vegetable oils, avocado



Food affects blood sugar differently

Foods to limit

(Called healthy carbohydrates or carbs) They will raise your blood sugar. Eat these but don't go back for seconds.



Grains like breads, cereals, crackers, pasta, rice, tortillas

Starchy vegetables like potatoes (white and sweet), corn, peas, winter squash

Beans and legumes like beans (pinto, great northern, black, kidney and navy beans), black-eyed peas, lentils

Fruit: fresh, frozen, canned (drained), dried, with no sugar added

Some dairy like cow's milk and plain yogurt

Foods that won't affect your blood sugar Fill half your plate with these.



SODA

Proteins like beef, pork, chicken, turkey, fish, seafood, eggs

Non-starchy vegetables like lettuce, celery, carrots, green beans, broccoli, cabbage, cauliflower, peppers, onions, spinach, kale, collard greens, tomatoes

Nuts and seeds like peanuts, almonds, walnuts, cashews, peanut butter and other nut butters, flax seed, chia seed, sesame seed

Fats like oils, butter, salad dressing, mayonnaise, avocados

Low-sugar dairy and dairy substitutes like unsweetened almond milk, cheese, sour cream, cream cheese

Foods to avoid

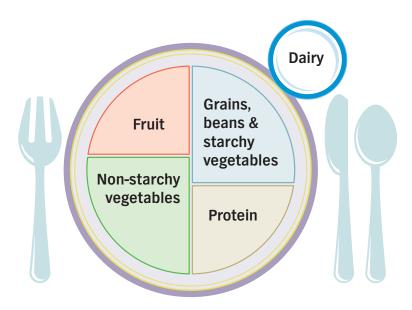
These will raise your blood sugar.

Sweets and desserts like cakes, cookies, pies, candies, pastries, ice cream, jam, jellies, syrup, honey

Unhealthy snacks and sugary drinks like potato chips, soda, juice, punch, sweet tea, lemonade

How much to eat

It's healthy to eat carbohydrate foods every day. But if you eat too many, your blood sugar will be too high. An easy way to keep from eating too much is to use My Plate as a guide. Look at the picture below.



Source:

California Department of Public Health website, MyPlate for Gestational Diabetes, https://www.cdph.ca.gov/programs/cdapp/Pages/default.aspx.

Limit yourself to one helping of each food at each meal. Remember, the more carbohydrate foods you eat, the more sugar you will have in your blood.

If you do not shop for or cook your own food, please share this information with the person who does.

When to eat

- Eat three meals with three small snacks between them every two to three hours. It helps to eat soon after you get up.
- It's important to eat a snack before bed.
- Eat about the same time every day.

My healthy lifestyle plan I will choose one thing to work on now	 □ Be active every day □ Drink more fluids □ Eat healthy — make a plan □ Stop using tobacco — set a quit date □ Other things I can do: 			
My support team People who can help me	PCP or other health care provider's name and phone number: My Anthem HealthKeepers Plus care manager's name and phone number: Family and friends' names and phone numbers:			
Blood sugar range	My doctor has advised me that my safe blood sugar range is: Before I eat: between low: and high: After meals: between low: and high:			
Be aware of how I feel	How I feel: ☐ Weak, shaky, ☐ Peeing more than usual dizzy or headache ☐ Blurry vision ☐ Heart beating fast ☐ Very tired ☐ Extreme hunger ☐ Very thirsty ACTION: Talk to your doctor about when to call. How I feel: ☐ Chest pain or pressure ☐ Stomach pain, ☐ Shortness of breath ☐ nausea or vomiting ☐ or trouble breathing ☐ Confused ☐ Fruity-smelling breath ☐ Seizures			
	ACTION: Go to the emergency room or call 911.			

My food and blood sugar record

Date	Fasting blood sugar	Weight	Breakfast	After meal blood sugar	Snack
Example	95	130	1 egg, 1 slice whole wheat toast, 8 ounces of milk	115	Celery with peanut butter
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

After meal blood sugar	Snack	Supper	After meal blood sugar	Snack
102	Apple, 1 slice of cheese	Baked chicken breast, baked potato, green beans or broccoli, roll, water	98	Fruit with milk
	blood sugar	meal blood sugar Apple, 1 slice of	meal blood sugar Snack Supper Baked chicken breast, baked potato, green beans or broccoli,	meal blood sugarSnackSuppermeal blood sugarApple, 102Apple, 1 slice of cheeseBaked chicken breast, baked potato, green beans or broccoli,98

My Diabetes Take Control Plan

My health care services My doctor is my partner	 □ Create a diabetes action plan with my doctor □ Make and keep my prenatal appointment on: □ Make and keep my postpartum appointment on: □ Keep my prescriptions for insulin and diabetes medicines up to date and filled
Words to know	A1C: a lab test that measures my average blood sugar level over three months Hyperglycemia: high blood sugar level Hypoglycemia: low blood sugar level Dilated eye exam: an eye exam that looks for common vision problems and eye diseases
Questions to ask my doctor	 ☐ How do I take my insulin and diabetes medicines as directed? ☐ How do I use a glucose meter and what supplies do I need to check my blood sugar regularly? ☐ How does my blood sugar change after a meal so I can make sure I'm choosing the right foods to eat? ☐ What do I do if my blood sugar is too high? ☐ What do I do if my blood sugar is too low? ☐ How do I manage my blood sugar when I'm sick? ☐ How can I exercise safely while I'm pregnant?
How do I feel about taking action?	 □ I want to control my diabetes and I feel confident I can. □ I want to know more about how to manage my diabetes so I can have a healthy baby. □ I know how to manage my diabetes, but it is not really a concern for me right now. □ I don't know how to manage my diabetes and I am not worried about it.

Diabetes medicines

If you had diabetes before you became pregnant and were taking medicines, talk with your doctor about them. Some diabetes pills are not safe to use during pregnancy. Your doctor might change what you are taking.



If you have gestational diabetes, your doctor may give you diabetes pills. Or you may need insulin to keep your blood sugars at a safe level.

Talk with your doctor or pharmacist about how to take your diabetes medications. If your doctor wants you to take diabetes pills or insulin:

- Ask the doctor to show you how to measure and inject insulin.
- Ask when to take your insulin, like at meals or before bed.
- Ask the doctor when to take your diabetes pills.

Benefits of staying active

Exercise is one way of keeping your blood sugar under control. If you have a favorite way to exercise, ask your doctor if it is safe. Generally, if you were in the habit of exercising before you got pregnant, it's safe to continue. Even if you didn't exercise before, walking is a safe activity for most women. Try to exercise every day. Ask your doctor about what kind of exercise is safe for you.

If you are taking glyburide or insulin, be sure to carry a fast-acting carbohydrate food with you in case you have symptoms of low blood sugar.

Being physically active will keep you strong, help improve your mood and lower your blood sugar. Follow your doctor's advice about how often and how long to exercise.



Healthy ways to cope with stress

Taking care of diabetes when you are pregnant can be stressful. Sometimes you may feel anxious, overwhelmed or even depressed. These feelings can be normal. Think about these things you can do to feel better:

Do something you enjoy. What would you like to do?		
Take time for yourself. When can you take a nice break?		
Ask friends and family for help. Who will you ask?		
Be physically active. What will you do?		
Laugh! What are some of the funny things that happen to you when you are pregnant?		

Eat healthy foods. What healthy things would you like to have for a snack?
Keep your blood sugars in a safe range. How does your mood change when your blood sugar changes quickly?

After delivery

After you deliver, you may get the "baby blues." This is a normal part of having a baby. Talk with your family and friends about how you are feeling. Baby blues usually go away within two weeks. If you still feel down, depressed or have negative thoughts or feelings, talk with your doctor. You may need some help to feel better.

Your postpartum checkup will be scheduled six to eight weeks after you have your baby. Your doctor will check your blood sugar levels to make sure they have returned to normal.

Once you have had gestational diabetes, you are more likely to have it the next time you get pregnant. If you had diabetes before you became pregnant, you will need to see your doctor or diabetes specialist to recheck your blood sugars and adjust your medicine. If you plan to become pregnant again, it is very important your blood sugars are within the safe range.



Breastfeeding, nutrition and diabetes medicine

Breastfeeding helps you and your baby. Your baby will have a lower risk of allergies to foods, lower risk of infections, like ear infections, lower risk of diabetes and other conditions.

Breastfeeding helps your body recover faster and helps lower your own risk of diabetes and breast cancer. It will make it easier for you to lose the weight gained during your pregnancy. If you had gestational diabetes, breastfeeding will help lower the sugar in your blood and decrease your risk of developing Type 2 diabetes.

It is important to keep choosing the same healthy foods you ate while pregnant. Be sure to drink plenty of water.

If you have diabetes and are using insulin, your blood sugar may become too low while breastfeeding. Eat a snack before or during breastfeeding to help prevent low blood sugar. Keep something to eat nearby when nursing to avoid having to stop feeding your baby.

Remember:

- Eat three meals a day.
- Eat a wide variety of healthy foods.
- Don't worry about losing weight during this time.
- · Continue to use multivitamins.
- Choose decaffeinated beverages. Avoid coffee, tea and other caffeinated drinks.

What is my risk of developing diabetes?

If you had gestational diabetes when you were pregnant, you are more likely to have it the next time you become pregnant. Plus, you may get regular diabetes after you deliver. You would have up to a 60% chance of developing diabetes within the next 10 years. Talk with your doctor about testing for regular diabetes. Be sure to let the doctor know you have had gestational diabetes.

You will need to have your blood sugar tested in a lab every three years. If you have signs of high blood sugar, get tested earlier.

To reduce your risk of developing diabetes, ask your doctor what is a healthy weight for you. To reach and maintain a healthy weight, eat healthy foods and be physically active. Ask your doctor to suggest a healthy meal plan and to help you choose what type of exercise and how much would be right for you.

Check with your case manager for more programs in your state.

If you already have diabetes, use this list of questions to see where you can make a healthy change.	YES	NO
Am I checking and paying attention to my blood sugar level every day?		
Am I taking my insulin and diabetes medicines as prescribed?		
Am I taking steps to improve my overall health by eating healthy and exercising?		
Am I willing to quit using tobacco and ask others to not use tobacco around me or in my home?		
Have I talked to my doctor about being screened for depression and other health conditions?		

Did you answer no to any of the questions? That's OK. Change can be hard. When you're ready, use one of the questions to help set a goal. And take a few minutes to complete the My Diabetes Take Control Plan on page 9 of this brochure.

Want to learn more? Here's where to look:

American Diabetes Association website:

www.diabetes.org.

Academy of Nutrition and Dietetics website:

www.eatright.org.

CalorieKing Wellness Solutions, Inc. website:

www.calorieking.com.

National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases website:

National Diabetes Information Clearing House, What I Need to Know About Gestational Diabetes (September 2014):

www.diabetes.niddk.nih.gov/dm/pubs/gestational/index.aspx. (Accessed January 19, 2016.)

United States Department of Agriculture website:

www.choosemyplate.gov.

YMCA website: YMCA's Diabetes Prevention Program:

www.ymca.net/diabetes-prevention.

California Department of Public Health website,

MyPlate for Gestational Diabetes,

https://www.cdph.ca.gov/programs/cdapp/Pages/default.aspx.

Sources

American Diabetes Association website:

Standards of Medical Care in Diabetes-2016, Volume 39, Supplement 1: http://care.diabetesjournals.org/site/misc/ 2016-Standards-of-Care.pdf. (Accessed March 28, 2016.)

American Association of Clinical Endocrinologists website:

Management of Pregnancy Complicated by Diabetes, http://outpatient.aace.com/diabetes-in-pregnancy/ pregnancydm-s3-management. (Accessed March 28, 2016.)

Eatright website:

Academy of Nutrition and Dietetics, *Nutrition Care Manual*: www.nutritioncaremanual.org. (Accessed March 28, 2016.)

Agency for Healthcare Research and Quality website:

National Guideline Clearinghouse, *Diabetes and pregnancy:* an Endocrine Society clinical practice guideline. http://www.guideline.gov/content.aspx?id=47898. (Accessed March 28, 2016.)

Alyce M. Thomas, RD, and Yolanda M. Gutierrez, MS, PhD, RD, American Dietetic Association Guide to Gestational Diabetes Mellitus, 2005.

American Diabetes Association website:

Summary and Recommendations of the Fifth International Workshop-Conference on Gestational Diabetes Mellitus, Diabetes Care, Vol. 30, Supplement 2 (November 2005): http://care.diabetesjournals.org/content/30/Supplement_2/S251.full.pdf+html. (Accessed March 28, 2016.)

Academy of Nutrition and Dietetics website:

Journal of the Academy of Nutrition and Dietetics Vol. 114, No. 7, Nutrition and Lifestyle for a Healthy Pregnancy Outcome (July 2014): http://www.eatrightpro.org/~/media/eatrightpro%20files/practice/position%20and%20practice%20papers/position%20papers/position_healthy_pregnancy.ashx.

Academy of Nutrition and Dietetics Evidence Analysis Library, July 10, 2013: http://www.andeal.org/default.cfm.

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