

Gestational Diabetes (GDM): What You Need to Know

What is Gestational Diabetes?

Gestational Diabetes Mellitus (GDM) is a type of **diabetes that develops during pregnancy**. It happens when your body **cannot produce enough insulin** to keep your blood sugar (glucose) at a normal level. This condition usually **goes away after birth**, but it does require **careful monitoring and treatment** to keep both you and your baby healthy.

Who is at Risk?

Some women have a **higher chance of developing GDM**. You may be at risk if:

- ✓ You are **over 30 years old**
- ✓ You have had **GDM in a previous pregnancy**
- ✓ You have had a **large baby (over 4.5 kg) before**
- ✓ You are **overweight or obese (high BMI)**
- ✓ You have **Polycystic Ovary Syndrome (PCOS)**
- ✓ You have a **family history of diabetes**
- ✓ You are from a **higher-risk ethnic background**, including **Indian, Chinese, Vietnamese, Middle Eastern, Polynesian, or Melanesian**
- ✓ You use **steroid medications**

If you have any of these risk factors, your doctor may recommend **early testing** for GDM.

Why is GDM Important?

If GDM is not **well controlled**, it can lead to **complications for you and your baby**, such as:

For Your Baby:

- **Large baby (macrosomia)** – Can make delivery harder and increase the risk of birth injuries.
- **Low blood sugar (neonatal hypoglycaemia)** – May require treatment after birth.
- **Jaundice** – A condition causing yellowing of the skin and eyes, needing monitoring.
- **Breathing difficulties** after birth.

For You:

- **Higher chance of needing a caesarean section** due to a larger baby.

- **Increased risk of developing type 2 diabetes later in life.**
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How is GDM Diagnosed?

All pregnant women are **screened for GDM between 24 and 28 weeks** using an **Oral Glucose Tolerance Test (OGTT)**.

Women with **higher risk factors** may need **earlier testing**.

How is GDM Managed?

Managing GDM **reduces risks for both you and your baby**. Your doctor may recommend:



Healthy Diet – A **dietitian** can help you plan meals to keep your blood sugar stable.



Regular Exercise – Moderate activity, such as **walking**, can help control blood sugar.



Blood Sugar Monitoring – You will need to **check your blood sugar levels** at home.



Medications (if needed) – If diet and exercise are not enough, **insulin or other medications** may be prescribed.



Extra Monitoring for Baby – You may need **more ultrasounds** and check-ups to track your baby's growth.



Timing of Delivery – Some women may need **early delivery** if GDM is difficult to control.

What Happens After Birth?



GDM usually goes away after your baby is born, but you will need to:

- ✓ Have **your blood sugar checked after birth** and again at **6–12 weeks postpartum**.
 - ✓ Have **regular diabetes screenings** in the future, as women with GDM have a **higher risk of developing type 2 diabetes**.
 - ✓ Follow a **healthy lifestyle** (balanced diet & regular exercise) to reduce your risk.
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Final Thoughts



Gestational Diabetes can be managed with the right care, and most women have healthy pregnancies and babies.



If you have any concerns about GDM, speak to your doctor or midwife.

For more information, visit [RANZCOG](https://www.ranzco.org.au) or talk to your healthcare provider.