

National Aboriginal Diabetes Association

Gestational Diabetes

(developed by Sarah Smith, 4th yr Nursing, University of Manitoba)



The National Aboriginal Diabetes Association envisions Diabetes-free healthy communities



Who we are

NADA is a not-for-profit members-led organization established in 1995 as a result of the rising rates of diabetes among First Nations, Inuit and Métis Peoples in Canada

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Presentation Objectives



Gain
Information on
What
Gestational
Diabetes is



Learn What
Can You Do
About
Gestational
Diabetes



Learn What
Happens After
Gestational
Diabetes

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What is Gestational Diabetes?



- Gestational Diabetes is a type of diabetes, or high blood sugar that may happen during pregnancy
- This can happen because of all of the changes your body is going through with pregnancy
- This type of diabetes can happen, even if you have not had diabetes in the past
- It generally goes away after pregnancy



Why Do Some Women Develop Gestational Diabetes?



- The body normally creates a hormone called **insulin**
- Insulin moves glucose (sugar) out of the blood and into your bodies cells
- Women with gestational diabetes **develop resistance to the insulin** and cannot more the glucose into the cells
- This **causes the blood sugar to remain high**

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Risk Factors

- Gestational Diabetes is more likely to happen if:
 - The woman is over the age of 25
 - The woman is overweight
 - The woman has a family history of diabetes
 - The woman has a history of glucose intolerance
 - Women who have had a past stillbirth or a very large baby in the past (over 9 lbs)
 - Women who are members of high risk ethnic groups **including women of indigenous descent**



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Indigenous Women of Canada

- Currently indigenous women are **2-5 times** more likely to develop gestational diabetes than the rest of the population
- Gestational diabetes affects close to 20% of indigenous women in Canada



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Why didn't I have diabetes before?

- During pregnancy, many changes are happening in the body
- The body may change and become unable to move glucose into the cells like before the pregnancy
- Therefore, the cells cannot get the sugar they need for energy



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Diagnosis of Gestational Diabetes

- Your health care provider will make a diagnosis of gestational diabetes based on your
 - Blood Sugar Levels
 - Blood Test
 - Signs and Symptoms

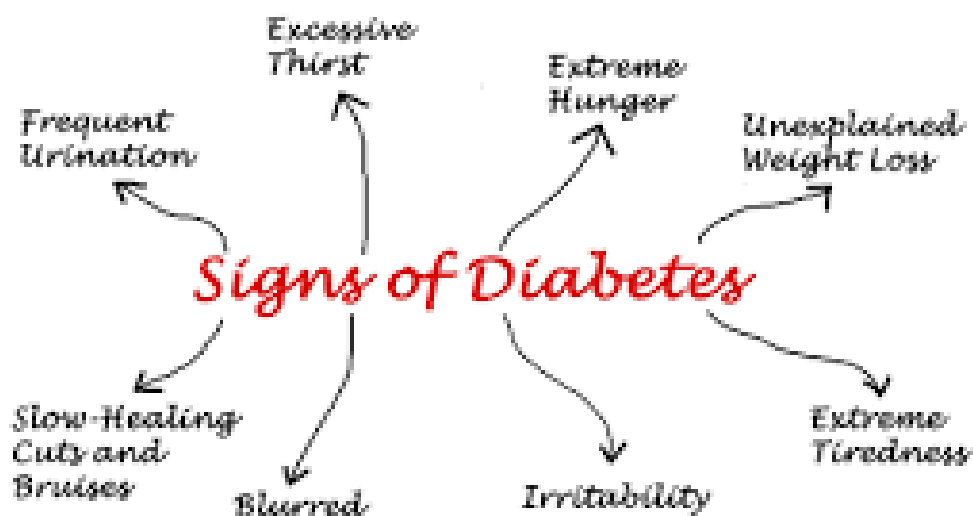


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Signs and Symptoms of Gestational Diabetes

- There are very little signs and symptoms of gestational diabetes
- Some signs and symptoms you may notice include



- With all pregnancies, your health care provider will perform a test to check your blood sugar levels between week 24 and 28 of your pregnancy



Blood Glucose Levels

Normal Blood Glucose Levels

- Random Blood Glucose Level : 4.0 - 11.1mmol/L
- Fasting Blood Glucose Level : 4.0 - 7.0 mmol/L

Abnormal Blood Glucose Levels

- Random Blood Glucose: Greater Than 11.1mmol/L
- Fasting Blood Glucose: Greater Than 7.0mmol/L



Complications

- If not treated, Gestational Diabetes can cause health problems **for both the mother and fetus**



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Potential Risks

Risks for Mom

- Preterm Labour
- C-Section
- Developing High Blood Pressure
- Developing Type II Diabetes Later in Life

Risks for Baby

- Stillbirth
- Very large birth weight (Macrosomia)
- Developing Diabetes
- Low Blood Sugar (Hypoglycemia)
- Increased chance of becoming obese

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Prevention: What You Can Do

- Monitor your blood sugar (glucose) levels
- Eating a healthy diet, as outlined by your health care provider
- Doing regular, moderate physical activity
- Keeping daily records of your diet, physical activity and blood sugar levels
- Taking insulin or other diabetic medications as prescribed



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What You Can Do: Monitoring Your Blood Sugar

- **Keeping a record** of your blood sugar levels after you eat and drink can help your health care provider meet your needs
 - There are many online to access
- The information will also let the health care provider know if you need any insulin and how much you need

BLOOD SUGAR MONITORING

Week of: _____

	Breakfast	Lunch	Dinner	Bedtime
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

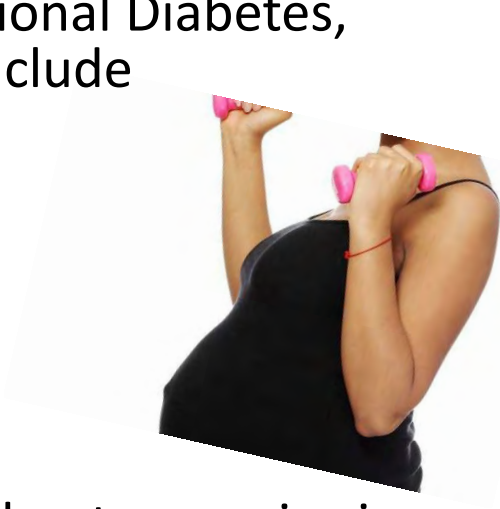


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What You Can Do: Physical Activity


- For some women with Gestational Diabetes, **regular physical activity** can include
 - Walking
 - Fishing
 - Light Dance
 - Canoeing
 - Light Weight Lifting
- Generally **150 minutes** of moderate exercise is recommended per week.
- A health care provider can offer advice on appropriate activities that are specific to the women's pregnancy needs



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What You Can Do: Healthy Diet

- One of the best ways to manage gestational diabetes is to eat well
 - Drink plenty of water
 - Avoid fast food, high sodium, and high sugar meals
- 
- A blue plastic water bottle is positioned to the right of the text 'Drink plenty of water'. Below the bottle is a green circular icon with a white checkmark, indicating a positive or correct action.



Nutritious Indigenous Recipes

- **One of the best ways to manage gestational diabetes is to eat well**
- This can include choosing the following:
 - Country foods such as moose, caribou, deer and fish
 - Fruits and vegetables such as berries
 - Whole-grain varieties such as bannock and bread



For Many Traditional Recipes Visit:
<https://www.dietitians.ca/Your-Health/Nutrition-A-Z/Cooking/Indigenous-Recipes.aspx>

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Non-Insulin Therapy



- There are also other medications that your doctor may recommend to take with or without insulin to control blood sugar
- These medications work lower blood sugar as well
- Some common names of medications include:
 - Metformin
 - Glyburide
 - Glicazide

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Insulin Therapy



- Even if you do everything your health care provider recommends to manage gestational diabetes, some women still require insulin to during their pregnancy
- The only way to get extra insulin into your body is to inject it under your skin with a needle



Notes About Insulin

- 1) If you need to take insulin, it does not mean that you failed at taking care of yourself
- 2) An increase in the amount of insulin needed does not mean that your pregnancy is in danger
- 3) The amount of insulin you need may change with stress or during sickness



Giving Birth

- Every delivery and case of gestational diabetes is different
 - Many cases of Gestational Diabetes without any complications can be delivered at 40 weeks
 - Some health care providers will induce (start your labour) at 38-39 weeks of pregnancy
- This is all based upon your unique pregnancy and it is best to talk to your health care provider



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Will I have Diabetes After Having My Baby

- Shortly after the baby is born, the placenta is "delivered"
- Since the placenta is what is causing the insulin resistance, when it is gone **gestational diabetes usually resolves**
- There is still a **increased risk** of having diabetes in the future
- This is why it is **important to monitor your weight, maintain physical activity and a healthy diet**

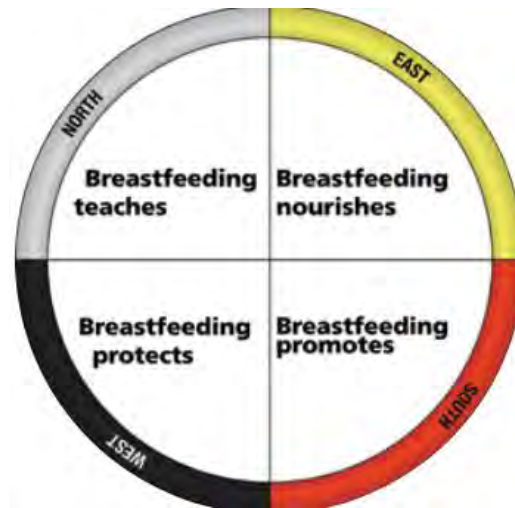


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Should I Breastfeed After Having Gestational Diabetes?

- **Yes**, if possible women with gestational diabetes should breastfeed their babies
- Breastfeeding is not only **beneficial for the baby, but for the mother as well**
- Breastfeeding allows the body to burn extra calories for weight loss



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What Now?

- Six weeks after your baby is born, follow up with your doctor to see if your blood sugar is back to normal
- Based on these results your doctor will let you know if it is back to normal, or if your sugars are still high



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Importance of Checking Your Sugars After Pregnancy

- Checking your sugars often is important because Type II Diabetes shows few symptoms
- The only way to confirm diabetes is to have a blood tests that confirms higher than normal blood sugar
- If you notice any of these symptoms it is important to see a health care provider
 - Being very thirsty
 - Urinating often
 - Feeling constantly or overly tired
 - Losing weight quickly without reason

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Additional Resources

- National Aboriginal Diabetes Association
 - <http://nada.ca/>



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Thank You!



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