



Managing Gestational Diabetes



Your life is our life's work.

Table of Contents

Adapted from: Gestational Diabetes: The First Step
Park Nicollet: *International Diabetes Center*

Finding Out You Have Gestational Diabetes.....	3
What is Gestational Diabetes?	5
Monitoring Your Glucose.....	7
How to Check Your Glucose.....	8
Your Healthy Eating Plan.....	9
Carbohydrate Counting.....	10
Planning Your Meals	15
Snacks	15
1 Day Sample Menus	16
Physical Activity.....	18
Medications for Gestational Diabetes	19
How to Inject Insulin	20
High Glucose	20
Treating Low Glucose	21
After Your Baby is Born.....	22

Finding Out You Have Gestational Diabetes

Learning you have gestational diabetes can be challenging. You will likely have many questions and experience a range of emotions. You may be wondering:

- What is gestational diabetes?
- How will the condition affect your health and the health of your baby?
- Will you still have diabetes after your baby is born?

This guide answers those questions and more to help you successfully manage your gestational diabetes. You will learn how to:

- Use food and physical activity to manage your gestational diabetes.
- Check your glucose and keep glucose records.
- Start and adjust medication, if needed.
- Take care of your self after your baby is born.
- Reduce your risk of developing type 2 diabetes later in life.

Addressing Emotions

Your Emotional Well-Being

Managing gestational diabetes requires making some changes in your daily life. At times, you may find managing gestational diabetes to be an overwhelming experience, especially when you first learn the diagnosis. Your gestational diabetes educators understand that behavior change can be challenging, especially in addition to handling the physical and emotional changes of being pregnant.

Share your feelings with your spouse or partner, family, and friends. You can also share your feelings with your care team. They are available to guide and encourage you. They can offer support and help you feel better about the extra care you need.

Your Support System

An important resource to help manage your gestational diabetes is your diabetes care team. Besides you, this team may include:

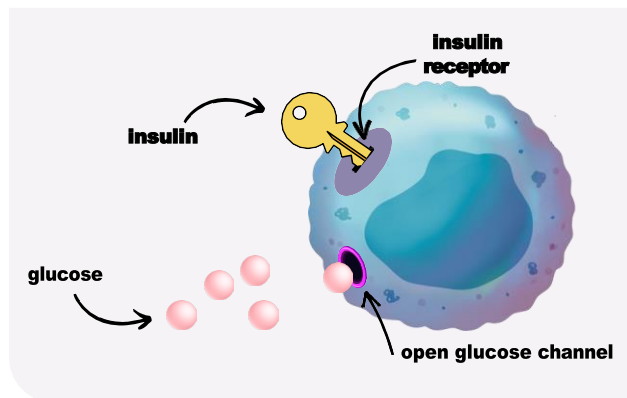
- Endocrinologist
- Maternal Fetal Medicine
- Obstetrician or midwife
- Nurse Practitioner (NP) or Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Dietitian Nutritionist (RDN)
- Certified Diabetes Care and Education Specialist (CDCES)
- Psychologist or other behavioral health professional
- Social worker

With support from your diabetes care team, family, and friends, you can gain the knowledge and skills you need to successfully manage your gestational diabetes.

How Your Body Uses Glucose

Your body breaks down the food you eat into glucose. Your liver can also make glucose. Your bloodstream carries glucose to cells throughout your body. Cells need glucose to make the energy your body needs to work.

To help get glucose into your cells, your pancreas (an organ near your stomach) makes a hormone called insulin. Insulin attaches to each cell and acts as a “key” to open the “door” for glucose to enter. Once glucose is inside your cells, your body can use the glucose for energy.



What is Gestational Diabetes?

Gestational diabetes is a kind of diabetes that happens only during pregnancy. About 1 in every 20 pregnant women develops gestational diabetes.

The condition causes the level of glucose (a form of sugar) in your blood to get too high during the last months of pregnancy. Glucose is also called blood glucose (BG) or blood sugar. High blood glucose levels could lead to:

- Preeclampsia (high blood pressure during pregnancy)
- Your baby to grow too large, making delivery difficult
- Your baby to have dangerously low glucose after birth
- Health problems later in your baby’s life (obesity & type 2 diabetes)

How Pregnancy Affects Glucose



When you are pregnant, your body sends glucose to your baby through the placenta. Glucose gives your baby nourishment to grow and develop.

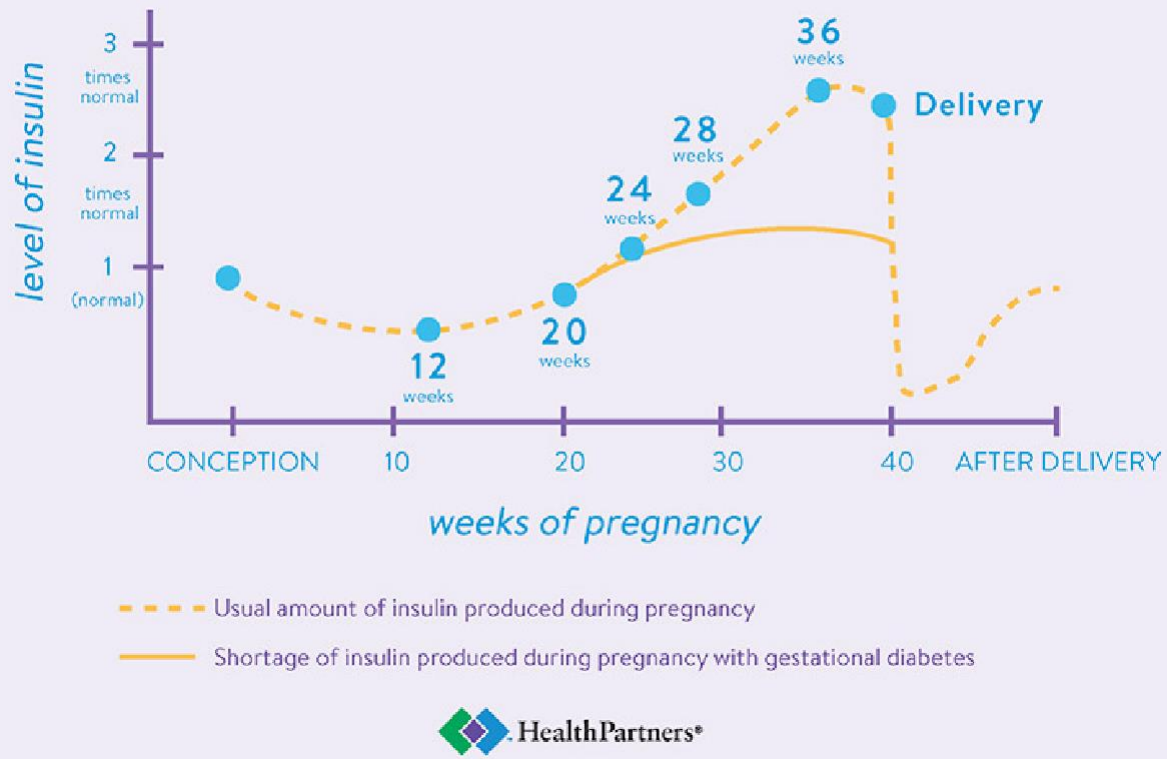


Your placenta makes hormones that cause your cells to resist insulin. This means glucose can’t get into your cells as easily. Your pancreas needs to make more insulin than usual to keep your glucose level normal.



During the final months of pregnancy, your body needs 2 to 3 times more insulin than usual. If your pancreas can’t make this extra insulin, too much glucose builds up in your blood; this is gestational diabetes. This extra glucose is then passed on to your baby and can lead to problems for your baby.

Insulin requirements during pregnancy





Diagnosing Gestational Diabetes

Pregnant women who do not already have a diagnosis of type 1 or type 2 diabetes are screened for gestational diabetes using a glucose challenge test (GCT). The American College of Obstetricians and Gynecologists (ACOG) support a "2 step" approach.

At 24-28 weeks of gestation, a 1 hour venous glucose measurement is obtained after drinking a 50 gram glucose solution. If this result is elevated, the physician will order a 100 gram 3 hour oral glucose tolerance test.

Having 2 or more elevated values will indicate a diagnosis of gestational diabetes.

 <p>Test Time (In the morning fasting - not eating or drinking anything except water for at least 8 hours)</p>	 <p>100 gram 3 hour oral glucose tolerance test (2 or more above-normal result)</p>
Fasting	95 mg/dL or higher
At 1 hour	180 mg/dL or higher
At 2 hours	155 mg/dL or higher
At 3 hours	140 mg/dL or higher

Monitoring Your Glucose

You can check your glucose yourself using a small-battery operated device called a glucose meter. A glucose meter determines your glucose level from a small drop of blood put on a strip that is inserted into the meter. The result of this check tells you what your glucose level is at that moment.

The goal is to have your glucose results in target most of the time

When to Check your Glucose

Check your glucose at least *4 times a day*:

- Right after you wake up or within the first 5 minutes of getting up
- 1 hour after the start of your morning meal
- 1 hour after the start of your midday meal
- 1 hour after the start of your evening meal

Your Glucose Targets

The following table shows the recommended glucose targets. Your care team may give you different targets depending on your personal health needs- if so, record in the right column.

Glucose Check Time	Recommended Glucose Target Range	Your Glucose Targets*
Before morning meal (fasting)	Less than 95 mg/dL	
1 hour after start of meal	Less than 140 mg/dL	

How to Check Your Glucose

For most meters, you will follow the steps below to check your glucose. See your meter's instructions for more specific steps. You can also call the toll free number in your meter's instruction guide.

1. Wash your hands with soap and warm water, or use an alcohol wipe (avoid gel, foam, or liquid hand sanitizers). Dry your hands well.
2. Put a lancet in the lancing device. Use a new lancet each time you check.
3. Shake your arm downward to get more blood into your fingertips.
4. Put a strip into the meter.
5. Using the lancing device, stick the side of your finger. Use a different finger each time you check.
6. Gently rub or massage your fingertip until a small drop of blood appears.
7. Apply the blood to the strip and wait for the meter to show the result.
8. Record the result.
9. Dispose of the lancet in a sharps container and throw the used strip in the garbage.



Recording Your Results

Keep track of all your glucose results in a system that works best for you. See below for a sample log.

Watch for any patterns in your glucose numbers. For example, your glucose level may be higher at some times of the day than other times.

Tell your care team about these patterns. Your care plan may need to change.

Information to Include:

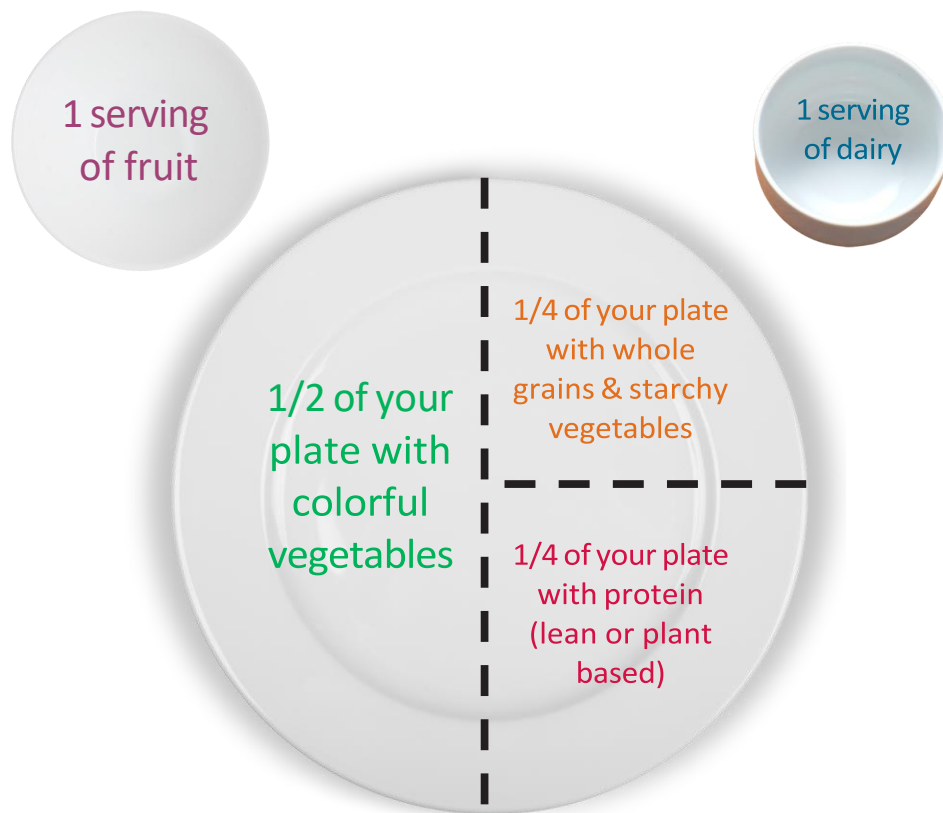
- Date & time
 - Fasting glucose
 - Meal consumed
 - After meal glucose
 - Activity level
 - Sleep patterns
 - Stress level
- 2/15 - 8 a.m.
Morning Meal
Fasting glucose: 85
Glucose after: 119
Meal:
- 1 slice rye toast
 - 2 eggs
 - 1 cup milk

Your Healthy Eating Plan

Good nutrition is important for a healthy pregnancy and can help manage blood glucose levels and prevent too much weight gain. A healthy eating plan focuses on eating a variety of nutrient rich foods in the recommended portion sizes.

Your registered dietitian nutritionist (RDN), who specializes in gestational diabetes, can work with you to create a healthy eating plan that meets your needs.

Use a 9 inch plate to guide your portions and food choices. The picture below shows you how to use the plate to plan your lunch and dinner meals. For your morning meal, more explanation for portions and food choices is provided on page 16.



What Are Nutrient Rich Foods?

The foods you eat contain carbohydrates, protein, and fats (also called macro nutrients). Your body needs these nutrients in large amounts for energy and to function properly. Of these 3 nutrients, carbohydrates raise your glucose level the most. Protein and fat do not raise your glucose level as quickly or as much.

Carbohydrates

Carbohydrates are the body's main source of energy. Your body breaks down the carbohydrates you eat into glucose. Your body's cells convert this glucose into energy for the body to use.

Carbohydrates are part of a healthy diet for women with gestational diabetes. They provide vitamins, minerals, and fiber to support a healthy pregnancy and a healthy baby.

If you stopped eating carbohydrates during pregnancy, you could feel even more tired than is typical during pregnancy and your baby may not get all the necessary vitamins and minerals that are important.

Carbohydrates are commonly found in:

- Rice, grains, cereals, and pasta
- Breads, tortillas, crackers, bagels, and rolls
- Fruits and fruit juices
- Non-starchy vegetables (broccoli, celery, carrots, tomatoes)
- Starchy vegetables (potatoes, corn, yams, peas, and winter squash)
- Dried beans, peas, and lentils
- Milk and yogurt

Carbohydrate Counting

Carbohydrate counting is a meal planning tool to keep track of how many carbohydrates you eat or drink at meals and snacks. Eating the right amount of carbohydrates at the right time can keep your glucose level in a healthy range. You can count carbohydrates by grams. Ask your RDN how many grams of carbohydrates you should be eating.

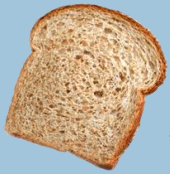
Spreading meals and snacks throughout the day keeps your body from getting too many carbohydrates at a time. The table below gives you some guidelines for how many grams of carbohydrates to have at each meal and snack.

Meals & Snacks	Recommended Grams of Carbohydrate	My Grams of Carbohydrates
Morning Meal	15 - 30 grams	
Midday Meal	45 - 60 grams	
Evening Meal	45 - 60 grams	
Snacks	15 - 30 grams	

Grains & Starchy Vegetables

Choose 1-2 servings at meals

Whole grains and starchy vegetables are filled with B vitamins, iron, and fiber. Choose *whole grains* for at least half of your grain servings, including whole wheat, barley, rye, buckwheat, corn, teff, quinoa, millet, brown/wild rice.



1 slice whole grain bread



1/2 English muffin



1 small roll



1 breadstick (4 in)



1 tortilla (6 in.)



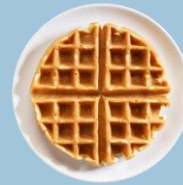
1/4 large bagel



1/2 hamburger bun



1/2 hot dog bun



1 waffle (4 in)



1 pancake (4 in)



1/3 cup cooked quinoa



1/3 cup cooked rice



1/3 cup cooked pasta



1/2 cup cooked oats



1/4 cup granola



1 small baked potato



1 small sweet potato



1/2 cup cooked beans



1/2 cup corn



1/2 cup peas



3 cups popcorn



3/4 oz pretzels



15-20 chips



6 saltine crackers



3 graham crackers

Fruits

Choose 2-4 servings per day.

Fruits are naturally sweet and provide vitamins, minerals, and fiber. Choose a variety of fresh, frozen, dried, or unsweetened canned fruits packed in water. Juice and fruits packed in syrup or added sugar can quickly raise your glucose level and are not recommended.



1 small apple



1 small pear



1 small orange



1 small banana



1 cup melon



1 large kiwi



1 1/4 cup strawberries



3/4 cup blueberries



3/4 cup pineapple



1/2 cup grapes

Non-Starchy Vegetables

Choose 3 or more servings per day.

One serving = 1 cup raw or 1/2 cup cooked

Vegetables are high in nutrients, including vitamin C, folic acid, and fiber. They have little effect on your glucose level. You can eat non-starchy vegetables at every meal, even your morning meal.



carrots



tomatoes



cauliflower



broccoli



cucumber



green beans



lettuce



bell peppers



celery



asparagus

Protein

Choose at least 5-6 ounces of lean protein or plant based protein foods a day.

Protein foods are important for your baby's development and for your health. Adding them to your meals and snacks gives you more calories and can satisfy your appetite.

Protein foods do not raise your blood glucose levels.

Animal Protein



beef



pork



lamb



chicken



turkey



cod*



salmon*



eggs



cheese



cottage cheese

*low mercury fish

Plant Protein



2 tablespoons
nuts & seeds



1/2 cup legumes



1/2 cup tempeh



1/2 cup tofu

Fats & Oils

Choose up to 6 servings per day of healthier fats.

Foods contain different types of fats. Some fats are better for you than others.

- Unsaturated fats come from plants and are liquid at room temperature. These fats are beneficial for health.
- Saturated fats mainly come from animals and are solid at room temperature. Limit saturated fats (high consumption is associated with increased risk of heart disease and stroke).
- Trans fats are made when liquid oils are hydrogenated (made solid at room temperature).
Avoid foods with trans fats.

Healthier Fats



1 teaspoon
olive oil



1 teaspoon
peanut oil



1 teaspoon
canola oil



1/3 of an
avocado



1 tablespoon
salad
dressing



2 tbsp nuts &
seeds or nut
butters

Dairy

Choose 3 servings per day.

Milk and other dairy products are vital for protein and calcium, which helps build strong bones and teeth. Choose low-fat or fat free milk, yogurt (Greek), cottage cheese, and cheese. Dairy with added sugars can raise your glucose level, instead select plain or unsweetened products.



1 cup milk



1 cup plain yogurt



1 oz cheese



1 cup dairy
substitute



1/2 cup
frozen dessert

Planning Your Meals

Morning Meal

Starting the day with nutrient rich foods in the recommended portions will set you on the path for a glucose level that is in target.

Many women with gestational diabetes find their glucose is highest 1-2 hours after their first meal of the morning, due to hormones that increase insulin resistance. If you have a new diagnosis of gestational diabetes, it is recommended to start with a small morning meal that includes some of the following foods:

- 1 serving of protein (eggs, cheese, nuts and nut butters, or lean meat)
- 1 serving of whole grains (1 slice of whole grain bread or 1 six inch tortilla)
- 1 serving of dairy (1 cup of milk or yogurt) or 1 small fruit

Morning Meal Sample Menus

Morning Meal 1

- Cheese & vegetable omelet (1-2 eggs, peppers, onions, mushrooms, & cheese)
- 1 slice of whole grain toast
- 1 cup milk

Morning Meal 2

- 1 cup plain yogurt (with cinnamon & vanilla extract)
- 1 cup fresh or frozen berries
- 2 tablespoons nuts or seeds

Morning Meal 3

- 1 whole grain English muffin
- 1 ounce cheese
- 1 ounce cooked ham

Morning Meal 4

- 1 slice whole grain toast
- 1 tablespoon peanut butter
- 1/2 cup flavored yogurt

Snacks

One way to help manage glucose levels and satisfy hunger is to add nutrient-packed snacks between meals.

Choose snacks that include nutrient rich foods, such as fruits, vegetables, yogurt, and nuts or seeds. These snacks have fiber, fat, and protein which can help satisfy your hunger.

Small Snack Ideas

Choose 1 or 2

- 1 cup mixed fresh fruit or 1 small piece of fruit
- 1/2 cup flavored yogurt
- 1 hard boiled egg
- 6 whole grain crackers with cheese
- Raw vegetables with 4 tablespoons hummus
- 1 piece string cheese
- 1/4 cup nuts or seeds
- 3 cups popcorn

Large Snack Ideas

Choose 1

- 1 large banana or apple with peanut butter
- 1/2 cup yogurt with 1/4 cup granola
- 1/2 whole grain bagel with 1 tablespoon peanut butter
- 1/2 cup cottage cheese with 1 cup melon or berries
- 1 tortilla with 1/4 cup cheese and 1 oz salsa



Sweets

When you have gestational diabetes, eating a sweet snack or dessert 1 to 2 times a week is OK if,

- Your glucose results are in target and
- You are following your health eating plan

Here are some suggestions along with the recommended portion sizes:

- 2 cookies & 1 cup milk
- 1 frozen fudge bar
- 1/2 cup ice cream with 1/2 cup berries
- 1 brownie (2" x 2")
- 1 or 2 snack sized candy bars
- 1 cake donut

1 Day Sample Menus

Morning Meal

- Omelet (1-2eggs) with sautéed spinach and cheese
- 1 slice whole grain toast
- 1 cup fat free milk

Morning Snack (optional)

- 1/4 cup almonds
- 1 small apple

Midday Meal

- Sandwich with 2 slices whole grain bread
- 2 oz of chicken salad with sliced cucumbers, tomatoes, & fresh spinach
- 1/2 cup flavored yogurt
- 1 1/4 cup strawberries

Afternoon Snack (optional)

- Raw cucumbers and tomatoes with 4 tablespoons hummus

Evening Meal

- 3 oz chicken breast (skinless)
- 2/3 cup cooked brown rice
- 1/2 cup cooked broccoli
- 1 cup green salad with 1/4 avocado
- 1 tablespoon salad dressing
- 6 oz plain Greek yogurt

Evening Snack (optional)

- 6 whole grain crackers
- 1 oz string cheese

Morning Meal

- 1 slice whole grain toast with 1 tablespoon peanut butter
- 1 cup mixed fresh fruit
- 1/2 cup cottage cheese

Morning Snack (optional)

- 1 large banana

Midday Meal

- 6 inch whole wheat tortilla wrap with 1/2 cup black beans, green peppers, onions, avocado, and salsa
- 1 cup vegetable soup
- 1 cup carrots & celery sticks

Afternoon Snack (optional)

- 1 cup plain yogurt
- 2/3 cup fresh pineapple

Evening Meal

- 3 oz salmon or tofu
- Steamed carrots, peppers, red onion, broccoli, & cauliflower
- 1 medium sweet potato
- 3/4 cup blueberries
- 1 cup milk

Evening Snack (optional)

- 1/4 cup trail mix made with raisins and nuts

Tips for Portion Sizes

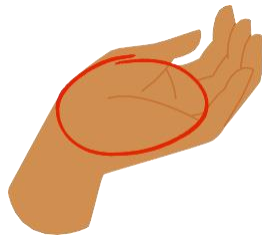
Helping Hands

Using your hands, follow the method shown in the pictures below to help estimate your portion sizes.

Everyone's hand size is different, so start by measuring the amount (such as 1/2 cup or 1 cup) with measuring spoons, then compare the measured amount to your hands.



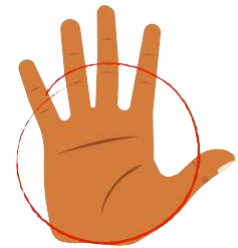
1 cup is about the size of your fist



1/2 cup is about the size of your palm without the fingers



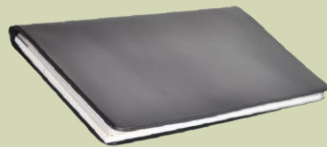
1 tablespoon is about the size of your thumb



1 bread choice is about the size of your open palm and half of your fingers



deck of cards =
3 ounces
(meat, poultry)



checkbook =
3 ounces (fish)



baseball =
1 cup (rice, pasta)



tennis ball =
1 small fruit



computer mouse =
1 small baked potato



golf ball =
1/4 cup (nuts & seeds)



3 dice =
1 ounce of cheese



stamp =
1 teaspoon
(oil, butter,
margarine)

Physical Activity

Benefits

Doing physical activity, such as walking, can help keep your glucose level in target and help you feel better. In addition, doing regular activity can:

- Help your body use insulin better
- Reduce stress and improve your mood
- Help you sleep better
- Control your weight gain
- Help you have better digestion and less constipation
- Prepare your body for the physical demands of labor and giving birth

Tips for Being Active

- Aim for at least 30 minutes of moderate physical activity 5 days per week (150 minutes/week) - start with 10 to 15 minutes and slowly work up to 30 minutes if you are able.
- Listen to your body - rest or slow down if you feel short of breath, faint, dizzy, or overheated.
- Carry a small carbohydrate snack with you if you take medication for gestational diabetes - sometimes your glucose level can go too low during or after activity if you take insulin. (Examples: small piece of fruit, box of raisins, 15 jelly beans)
- Schedule time for physical activity - if you feel you are too busy to be physically active, try scheduling time in your calendar (you are more likely to do the activity).

Always check with your clinician before starting or continuing a physical activity program during pregnancy.

Stress & Gestational Diabetes

During pregnancy, hormone levels fluctuate. These changes can trigger a range of emotions. Feelings varying from joy and excitement to fear and worry are all common during pregnancy.

Any feeling (negative or positive) can cause your body stress. Having too much stress can make managing your glucose level more challenging.

Many people deal with stress in ways they find comforting. For example, some people may:

- Overeat or eat when not hungry
- Not make physical activity a priority
- Watch movies, videos, or use social media more often than usual

These behaviors can actually increase stress. And they often conflict with behaviors that support glucose management. Knowing how to feel less stress is important for managing your glucose.

Ways to Help Lower Stress

There are many ways to help lower stress; find what works best for you. Consider trying the following:

- Be physically active. Exercise (as long as it is safe for you during pregnancy) can lower blood pressure and release chemicals in your body that can help you feel better.
- Practice deep breathing. Sit comfortably and breathe slowly in through your nose, using your diaphragm (muscles right under your rib cage). Hold each breath briefly, then breathe out slowly through your mouth.
- Get the sleep you need. Most people need about 7 to 8 hours. As your baby grows, sleeping comfortably can be challenging. Talk to your care team about ways to help you sleep.
- Seek support. Participate in baby classes before and after your baby is born. Talk to your spouse or partner, family, and friends, or a psychologist.
- Take time for yourself. Put your needs first as often as you can. Ask for help when needed. Read a book, listen to music, take a nap, meditate, do yoga or other activity you enjoy.

Medications for Gestational Diabetes

Following a healthy eating and activity plan is key to successfully managing gestational diabetes. But for some women with gestational diabetes, healthy eating and activity plans are not enough to keep their glucose in target.

Your clinician may recommend taking medication to lower your glucose. Taking medication to treat your gestational diabetes does not mean your gestational diabetes is worse than someone else's. Your body needs the extra help medication provides to keep your glucose in target.

Starting Medication

Your care team will help you decide which medication is best for you. Two medications commonly used to treat gestational diabetes include:

- Insulin (an injection)
- Metformin (a pill)



Insulin Pen

Insulin is approved by the US Food and Drug Administration for use during pregnancy. Insulin that you inject acts like the insulin your body makes. The 2 main types of insulin are background and mealtime insulin.

- Background insulin helps provide for your insulin needs overnight and between meals and snacks.
- Mealtime insulin helps provide for your insulin needs at meals and snacks.



Metformin

Metformin is not approved by the US Food and Drug Administration for use during pregnancy. However, this medication has been studied for use during pregnancy and is commonly used. Metformin is a pill that helps your liver make less glucose. Metformin is usually taken 1 to 2 times daily with meals. An advantage of Metformin is that it does not cause low glucose. However, this medication may cause an upset stomach. Gradually increasing the dose and taking with food helps decrease an upset stomach.

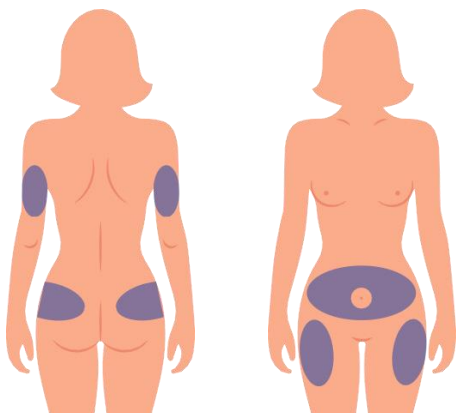
Injecting Insulin

When you inject insulin, the insulin goes into the fatty tissue just under your skin. The needle you use is short and thin. Many women say that giving themselves an insulin injection hurts less than sticking their finger to check their glucose.

Where to Inject Insulin

Your stomach (abdominal) area is an easy place to inject insulin and can consistently absorb insulin. You may also inject insulin in other parts of your body, such as the backs of your arms, upper buttocks, and outer thighs. Rotate sites you use for injections.

Make sure to inject insulin at least 1 inch away from last injection site and at least 1 inch away from your belly button. Avoid injecting into scars and stretch marks as well.



How to Inject Insulin

1. Gather your supplies (syringes with insulin, or an insulin pen, alcohol wipes, & sharps container).
2. Wash your hands with soap and water. Dry your hands well.
3. Clean the area with an alcohol wipe and let it dry. Relax the muscles around the area.
4. Pinch up the skin around the area and insert the syringe into your skin at a 90-degree angle.
5. Push in the syringe plunger all the way. Hold the needle in place and count to ten slowly.
6. Remove the needle and dispose of the syringe in a sharps container.

High Glucose > 200 mg/dL

High glucose (also called hyperglycemia) causes your body to pass on extra glucose to your baby. One reason for high glucose is not having enough insulin. Remember that needing more insulin is normal during pregnancy, it means your placenta is working correctly.

Possible Causes of High Glucose

- Eating or drinking more than the recommended portions
- Eating or drinking something very sweet
- Being less active than usual
- Emotional or physical stress (such as illness or challenging job)
- Forgetting to wash your hands before you check your glucose (you may have glucose-containing foods on your fingers and cause incorrect higher result)
- Your body isn't making enough insulin so you need to start taking diabetes medications
- Forgetting to take diabetes medication (if needed)

Treating High Glucose

For a pattern of highs before your morning meal (and not eating or drinking anything during the night), talk with your care team about starting or increasing diabetes medication. Changing your healthy eating plan or activity plan usually will not lower your glucose in this situation.

For a pattern of highs after a meal:

- Review recommended portion sizes. Talk with your RDN to see if you need to change your portions or food choices.
- Take a walk after a meal or increase other activity, if your care team says doing so is OK.
- Adjust your healthy eating plan by including carbohydrate counting.
- Talk with your care team about starting diabetes medication if you still have high glucose when following your healthy eating and activity plans.

Low Glucose

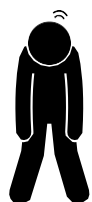
Low glucose is called hypoglycemia. Glucose less than 60 mg/dL is considered too low for women with gestational diabetes. Sometimes your glucose can go too low if you take insulin. Work with your care team to find out the cause and to prevent low glucose.

Possible Causes of Low Glucose

- Taking too much insulin
- Eating or drinking smaller portions at a meal than your body needs
- Skipping or delaying a meal
- Being more physically active than usual

Symptoms of Low Glucose

If your glucose is low, you may feel:



weak, shaky,
or lightheaded

sweaty or clammy



irritated

hungry



confused

Treating Low Glucose

Treat low glucose by following the steps for the “Rule of 15 to Treat Lows”. Follow these steps whenever:

- You feel symptoms of low glucose
- You are taking insulin and your glucose is below 60 mg/dL, even if you do not feel symptoms of a low.

“Rule of 15 to Treat Lows”

Note: if your glucose is low 2 or more times within 3 days, call your clinician during office hours. Your clinician may want to adjust your medication dose.

1. When you feel symptoms of a low, check your glucose.
2. If your glucose is low (less than <60 mg/dL), eat or drink 15 grams of carbohydrate.
3. Wait 15 minutes and check your glucose again.
4. If your glucose is still low, eat or drink another 15 grams of carbohydrate.
5. Wait 15 minutes and check your glucose again. If necessary, eat or drink another 15 grams of carbohydrate.
6. If your glucose remains low after 3 treatments, call your primary care clinician or 911.



1 cup of milk



1/2 cup of juice



3-4 glucose
tablets



4 oz regular soda



15 small jelly beans
(not sugar free)

After Your Baby is Born

Checking Your Glucose

If you were taking medication to manage your gestational diabetes, you will not need to take medication after your baby is born. Before you go home, your hospital care team will check your glucose to make sure it has returned to normal.

Women who were diagnosed with Gestational Diabetes should have a 2 hour 75 gram glucose tolerance test, preferably 6 - 12 weeks postpartum.

Looking Towards the Future

Delaying or Preventing Type 2 Diabetes

Once you have had gestational diabetes, your risk of developing type 2 diabetes in the future increases by 50-70%. This higher risk lasts for the rest of your life.

The good news is you can do a lot to prevent or delay type 2 diabetes.

- Get screened regularly - Screening for type 2 diabetes every year from now on is important. Make sure your clinician knows you had gestational diabetes.
- Continue making healthy lifestyle changes - Consider working with a registered dietitian nutritionist (RDN) to learn more ways to make healthy lifestyle changes. For example, learn more about Mediterranean and DASH eating plans.

Planning to Become Pregnant Again

If you think you will want to become pregnant again, it is important to know whether your glucose level has returned to the normal range after this pregnancy. You will find out your glucose level by having an oral glucose tolerance test (OGTT) at your postpartum follow up visit.

Because you have had gestational diabetes you have a higher risk of developing gestational diabetes during future pregnancy. When you become pregnant again, tell your clinician you had gestational diabetes with an earlier pregnancy. Making sure your glucose level is in target as soon as possible in pregnancy is important for your and your baby's health.

We hope you are confident with the knowledge, skills, and tools to manage your gestational diabetes! Your care team is always available to provide support and ongoing education. Contact your care team whenever you need their help and guidance to manage your gestational diabetes.



Your life is our life's work.