Gestational Diabetes (GDM) Treatment

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Diagnosis: Gestational Diabetes Mellitus (GDM)
Your oral glucose tolerance test (OGTT) has confirmed that you have developed gestational diabetes mellitus (GDM), also known as pregnancy-related diabetes.

What Happens in the Body with GDM?
GDM occurs when your body is unable to effectively utilise the sugar (glucose) from the food and drinks you consume. Insulin is required for the body's cells to absorb glucose from the bloodstream and convert it into energy.

During pregnancy, your body requires significantly more insulin — typically two to three times more than under normal circumstances. Most pregnant women naturally produce this increased amount insulin. However, if your body is unable to meet this demand, blood glucose levels rise, resulting in GDM.

Elevated blood sugar levels pose health risks both in the short and long term for both mother and baby.

Potential Effects of GDM on the mother
Pregnant women with GDM have an increased risk of developing:

- High blood pressure (hypertension)
- Preeclampsia
- Excess amniotic fluid (polyhydramnios)
- Preterm birth
- Type 2 diabetes later in life

Potential Effects of GDM on the baby
The baby may be at increased risk of:

- Macrosomia (being significantly larger than average)
- Low blood sugar levels after birth (neonatal hypoglycaemia)
- Jaundice (neonatal hyperbilirubinaemia)
- Developing type 2 diabetes later in life

Maintaining blood sugar levels within the recommended range can significantly reduce these risks.

How You Can Manage GDM
In most cases, gestational diabetes can be effectively managed through lifestyle changes, including a healthy diet, regular physical activity, and appropriate weight gain. Treatment may include:

- **Dietary adjustments** in collaboration with a clinical dietitian
- **Daily physical activity** of at least 30 minutes
- **Regular monitoring** of blood glucose levels
- **Identifying and addressing** factors contributing to elevated readings

Only around 15% of women with GDM require insulin treatment. If insulin becomes necessary, your

care will be transferred to **Roskilde Hospital**, which specialises in insulin-dependent diabetes. Delivery will also be planned at this hospital to allow for appropriate medical management during labour.

Diabetes Midwife Support

Following a positive OGTT result, you will have a consultation with a diabetes midwife as soon as possible.

First Consultation (Approx. 1 hour):

- Detailed explanation of GDM and its management
- Instruction on blood glucose monitoring and use of a blood glucose diary (via MinSP)
- Provision of a blood glucose meter
  (Test strips and lancets are provided free of charge during pregnancy)

You will also be offered regular **HbA1c blood tests** every four weeks to assess average blood glucose control. Further consultations will be scheduled based on individual needs. Your diabetes midwife will be available throughout your pregnancy for support and guidance.

Dietary Counselling

You will be offered a one-hour consultation with a clinical dietitian. This session will focus on how to maintain satiety while keeping blood glucose levels stable.

Initial dietary guidelines (until the consultation):

- Eat three small main meals per day
- Include 2–3 snacks daily
- Minimise intake of sugar and sweetened products
- Avoid fruit juice, soft drinks, and sweetened beverages
- Reduce intake of visible and hidden fats
- Choose whole-grain options for bread, rice, and pasta
- Eat a variety of vegetables (minimum 300g/day)
- Include lean meats, poultry, and fish (aim for 300g fish/week, max. 100g predatory fish)
- Eat 2–3 small portions of fruit daily
- Limit intake of low-fat dairy products to a maximum of 500ml/day

Blood Glucose Monitoring

Start by monitoring your blood sugar levels daily for the first week.

Once your levels stabilise within the recommended range, monitoring twice per week (one weekday and one weekend day) may be sufficient.

Measurement Schedule:

- Measure **before** each main meal (breakfast, lunch, dinner)
- Measure **1.5 hours after** beginning the meal

- Total: **6 measurements per day**
- Record all results in **MinSP**
- Bring your glucose meter and any notes to all appointments

Target Blood Sugar Values:

- **Before meals:** 4.0–6.0 mmol/L
- **After meals:** 4.0–8.0 mmol/L
- From week 35, post-meal values up to 9.0 mmol/L may be accepted

Over a two-week period, no more than two readings should exceed the recommended limits. The average of all measurements should preferably remain below 6.5 mmol/L. If values are consistently high, please contact your diabetes midwife.

Note: Fever can raise blood sugar levels.
For mild fever (37.5–39.0°C), 1g of paracetamol is recommended. For higher or prolonged fever, contact the maternity unit.

Ultrasound and Fetal Monitoring
To monitor fetal growth, you will be offered additional ultrasound scans starting shortly after diagnosis, and every 4–6 weeks thereafter until approximately 36–38 weeks of pregnancy.

If the baby is estimated to be large or if you go past your due date, **CTG monitoring** may be performed 1–2 times per week. CTG records the baby's heart rate over approximately 30 minutes.

Hand Expression of Colostrum in Late Pregnancy
From week 37+0, you may consider beginning hand expression of colostrum. The colostrum can be stored in the freezer

Hand expressing can:

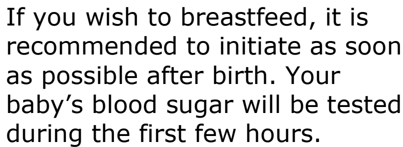
- Increase the amount of colostrum available after birth
- Support early milk production
- Help reduce the baby's risk of low blood sugar
- Help avoid the need for formula supplementation
- Promote comfort with breastfeeding

Speak to your midwife for guidance and techniques.

Labour and Delivery
Most women with GDM deliver vaginally. The timing of delivery is assessed individually; however, labour induction is generally recommended no later than 41+0 weeks.

During labour, you will need to monitor your blood sugar **every 2 hours** — please remember to bring your glucose meter with you.

After Birth
Your midwife will ensure the baby is fed within the first hour — either via breastfeeding, hand-expressed colostrum, or formula.



If you wish to breastfeed, it is recommended to initiate as soon as possible after birth. Your baby's blood sugar will be tested during the first few hours.

If your blood sugar levels were well controlled during pregnancy and labour, and your baby's glucose levels are normal, **you may be discharged 4–6 hours after birth** if desired.

Follow-Up After Birth
In most cases, GDM resolves after delivery. However, you have an increased lifetime risk of developing type 2 diabetes. We strongly recommend:

- Scheduling **HbA1c tests** at **2–3 months** and **1 year** postpartum via your GP
- Maintaining a healthy diet and regular physical activity
- Aiming for a normal BMI
- Contacting your GP if you suspect any symptoms of diabetes
- Long-term follow-up: **HbA1c testing every 1–3 years for life**

Kind regards,
The Pregnancy, Maternity, and Postnatal Care Team