



Diabetes Education

Women who have **EITHER** type 1 or type 2 diabetes, and become pregnant can have healthy babies. For women with type 1 diabetes, it is ideal that your blood sugars be in goal range before you become pregnant. Preconception (before pregnancy) counseling is recommended.



What Is Gestational Diabetes?

Pregnant women who have **NEVER** had diabetes before but who have high blood sugar (*glucose*) levels during pregnancy are said to have gestational diabetes.

This is different from women who didn't have diabetes before, but during the pregnancy develop diabetes. This is called **Gestational** Diabetes. By taking **EXTRA** care of yourself you can have a healthy baby.

Pregnancy

Know Your ABC's of Diabetes:

(Reach Your GOALS)

A ✓ EVERY 3-6 MONTHS

- **A1c:** Below 7%

B ✓ EVERY VISIT

- **Blood Pressure:**
Below 130/80mmHg

C ✓ ONCE A YEAR

- **Cholesterol:**
LDL: Below 100mg/dL
HDL: Above 40mg/dL
for Men & Above
50mg/dL for Women

⊙ Blood Glucose Targets:

- Fasting, 90-130mg/dL
- 2 Hours after eating,
Less Than 180mg/dL

What is Gestational Diabetes?

Pregnant women who have **NEVER** had diabetes before but who have high blood sugar (*glucose*) levels during pregnancy are said to have gestational diabetes. It is seen in the 2nd or 3rd trimester. Gestational diabetes affects about 4% of all pregnant women – about 135,000 cases of gestational diabetes in the United States EACH YEAR. This type of diabetes puts a woman at risk for type 2 diabetes later in life. The causes of gestational diabetes are currently unknown.

How Elevated Blood Sugars Can Affect Your Baby

Whether you already have diabetes or develop gestational diabetes, you want to keep your blood sugars in control.

Gestational diabetes affects the mother in the 2nd or 3rd trimester *AFTER* the baby's body has been formed, but while the baby is busy growing. Because of this, gestational diabetes **DOES NOT** cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

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Pregnancy



Children At Risk:

Babies with *EXCESS* insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

Know Your ABC's of Diabetes:

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How Does this Happen?

However, untreated or poorly controlled gestational diabetes can hurt your baby. When you have gestational diabetes, the pancreas (*the organ that makes insulin*) makes too much insulin. Insulin is a **HORMONE** that tells the glucose or sugar to go into the cell. This lowers the amount of glucose in your blood. *BUT* what happens in gestational diabetes is for reasons that are not yet known too much insulin is made, and this insulin **DOES NOT** work as well. Because of this the glucose does not enter the cell like it should. This causes the glucose to build up in the blood, causing the blood glucose levels to rise. This extra glucose goes through the placenta, giving the baby more energy than it needs to grow and develop. The extra energy is stored as fat.

This can lead to macrosomia, or a “fat” baby. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth. Because of the extra glucose the baby was receiving in the womb, extra insulin was made by the baby’s pancreas. This puts them at risk for very **LOW** blood glucose levels at birth and places the baby at higher risk for breathing problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.



← Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.



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Treating diabetes in pregnancy:

TREATMENT should start quickly once the diagnosis of gestational diabetes is made. If you have type 1 diabetes you should already have a self-care diabetes plan. The blood sugar goals for pregnancy are more strict to prevent extreme **HIGH** and **LOW** blood sugar readings that can risk the health of both the mother and the fetus.

How Does this Happen? (cont.)

Women with type 1 diabetes who become pregnant want to work out a plan with their doctor or diabetes educator to tightly control blood sugars. Unlike gestational diabetes which occurs later in pregnancy, the fetus is at risk for exposure to elevated blood sugars at conception. The critical period to prevent malformations is in the **FIRST** 6 weeks of the pregnancy. Complications to the fetus include birth defects to the nervous system, heart malformations, growth abnormalities such as macrosomia or growth retardation and stillbirths.

Preventing Gestational Diabetes:

- ✓ Women want to work with her doctor to come up with a diabetes self care plan before getting pregnant
- ✓ Preconception (*before pregnancy*) counseling is recommended so that an assessment of possible complications can be prevented and discussed
- ✓ Normal hemoglobin A1c prior to pregnancy is the goal
- ✓ Folic acid supplementation



Target YOUR Blood Glucose Goals for Pregnancy

Target Blood Glucose Goals for Pregnancy	
Fasting	60-90 mg/dL
Pre-meals	60-100 mg/dL
One hour after eating	< 120 mg/dL
Gestational diabetes	140 mg/dL, 1 hour after eating 120 mg/dL 2 hours after eating
3 AM	60-120 mg/dL

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Pregnancy



Weight Gain Goals:

DEPENDING on your starting weight when you become pregnant... the following are approximate guidelines for ideal weight gain during pregnancy.

The *MORE* overweight you are, the *LESS* weight gain will be recommended. A member of your diabetes care team will give you your goal weight gain.

Guidelines for Weight Gain During Pregnancy:

At Goal Weight:
28 to 40 pounds

20% Over Goal Weight:
25 to 35 pounds

Greater than 20% Over Goal Weight:
15 to 25 pounds

Tools to Achieve Glucose Goals:

- ✓ Get preconceptional counseling
- ✓ Meet with your doctor as directed
- ✓ Check blood sugars as prescribed
- ✓ Lose weight if it is recommended
- ✓ Make healthy food choices
- ✓ Physical activity/exercise program
- ✓ Insulin:
 - Multiple daily injections (*MDI*)
 - Continuous insulin infusion by insulin pump

Healthy Outcome:

While diabetes and pregnancy requires **EXTRA CARE**, the good news is that you and your health care team – your doctor, obstetrician, nurse educator, and dietitian – work **TOGETHER** to help you achieve target blood glucose levels. And with this help, you will turn your efforts into a healthy pregnancy for you, and a healthy start for your baby.



Work with YOUR Health Care Team to help achieve target blood glucose levels.

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