Gestational diabetes – medication treatment options

You will have already received the information leaflet ‘Gestational Diabetes’ explaining what gestational diabetes is, its management and how it affects you and your baby. For many people, diet and physical activity are enough to keep blood glucose levels in the normal range, however for some, additional treatment options need to be considered. This leaflet provides you with information about the treatment options.

Sometimes blood glucose levels remain elevated even if you are following the diet and being physically active. This means your body is not able to produce enough insulin to cope with the extra demands of the pregnancy.

It is very important that you do not over-restrict your food to keep your blood glucose levels down, and that you eat to appetite. Restricting the diet too much is not the answer as this can lead to weight loss, which is not recommended in pregnancy. It is better to add in medication so that you can eat the balanced diet you need to support a healthy pregnancy and prepare for breastfeeding.

Insulin option

When the blood glucose levels are rising out of the target range, your own insulin production can be ‘topped up’ with an injection of insulin at the meal time. You may need to take insulin at one or all of your meals. Sometimes the insulin you produce in-between your meals and overnight may also need to be ‘topped up’. This may require an extra slower-acting insulin at bedtime. You will be advised when and how much insulin you will need to take by the diabetes team.

Needing to do an injection may sound a bit daunting but the injection is simple. It is given with a short needle into fatty tissue and is much less painful than the finger pricks you are already doing. This will be explained to you by a diabetes nurse or diabetes midwife. The insulin you take does not pass across the placenta to your baby.
Balancing the insulin dose with the food you eat and your activity levels will keep your blood glucose levels in the normal range. This means your baby will receive the right amount of energy/food to encourage normal growth. The dose of insulin will go up as your pregnancy progresses. Blood glucose monitoring is very important as it shows us when a change in the dose is needed to keep the levels in the target range.

During labour, you will continue the insulin and if blood glucose levels rise above 7mmol/l you will be given this through a drip. However, once the baby is born you will stop taking insulin but continue to check blood glucose levels for 24 hours.

**Metformin option**

Metformin is a tablet that has been used successfully for almost 40 years to treat diabetes outside of pregnancy. It is increasingly being used during pregnancy as an alternative to or in addition to insulin.

Metformin works by allowing insulin to work more effectively, so a smaller amount of insulin will work better. This can mean that your own limited insulin production may be enough to regulate blood glucose levels with metformin to boost its action.

Metformin can also be useful as an addition to insulin injections. Using them together can keep insulin doses lower. This can help prevent excessive pregnancy weight gain and therefore improve pregnancy outcomes.

Unlike insulin, Metformin does pass across the placenta. There have been a number of studies to look at the safety of Metformin in pregnancy and your diabetes doctor in the clinic will be happy to discuss this with you. Metformin is not an option for everyone.

There are also certain medical conditions or pregnancy complications that may mean insulin would be a better choice. Some people (two out of every 10) experience side effects from taking Metformin, such as stomach upsets. These can be minimised by starting on a low dose, and by building the dose up slowly and by taking the tablet with or immediately after food.

*It is very important to achieve and maintain blood glucose levels in the normal range for pregnancy.*

*If you are unable to do this by a healthy diet and staying active, insulin and/or metformin can help you reach your target blood glucose level.*

*Your diabetes team will advise you on the best treatment for you and your baby.*
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

Authors
- Diabetes specialist nurse
- Lead pharmacist, endocrine medicine

Department
- Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk

Contact number
- 01223 348780

Publish/Review date
- July 2017 / July 2020

File name
- PIN2739_gestational_diabetes_medication_treatment_options_v3.doc

Version number/Ref
- 3 / PIN2739 / Document ID 20062