

YOUR GUIDE TO GESTATIONAL DIABETES



DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

CONTENTS

Living with gestational diabetes	3
What is gestational diabetes	4
Checking your blood sugar	7
Managing and treating your condition	10
Eating well with gestational diabetes	10
Managing your weight	14
Dealing with family and food	15
Recipes	16
Understanding food labels	23
Staying active	24
Smoking and alcohol	25
Medication	25
Vaccines	27
Preventing hypos and hypers	27
Looking after your emotional wellbeing	31
Fighting shame and stigma	31
Dealing with difficult feelings	33
Get the help you need	33
Your care during pregnancy	35
Getting the most out of every appointment	35
Your care during labour and birth	36
When your baby is born	36
Your care after pregnancy	37
Your gestational diabetes checklist	38
Reducing your risk of type 2 diabetes	39
Glossary	44

LIVING WITH GESTATIONAL DIABETES

For many women, being pregnant is a special and unforgettable experience. But if you've been diagnosed with gestational diabetes, it can feel overwhelming at first to work through what this means for you and your baby.

That's why we've put together this useful guide. It tells you all you need to know about managing your condition. From advice on diet and getting active to checking your blood sugar, managing hypos, getting the right emotional support and more.

If gestational diabetes is left untreated, it can cause complications for you and your baby. But the good news is that, with the right care and support, there's every reason to expect you'll have a healthy pregnancy and birth. At every stage, you'll be supported by a healthcare team who will be there to answer more detailed questions and advise on what to do throughout your pregnancy. So you can enjoy peace of mind that you're doing the right things for you and your baby.



WHAT IS GESTATIONAL DIABETES?

You might have heard of other types of diabetes, like type 1 and type 2. Gestational diabetes is diabetes that develops during pregnancy.

It's usually diagnosed from a blood test 24 to 28 weeks into pregnancy that shows high blood sugar levels. For most women, gestational diabetes goes away after the birth, but there is a risk that you could develop type 2 diabetes. We'll talk about steps you can take to reduce the chance of developing type 2 later in this booklet.

What causes gestational diabetes?

During your pregnancy, your body produces lots of extra hormones. Some of these hormones make it hard for your body to use insulin properly. Insulin is a hormone that allows glucose, a type of sugar, to enter your cells and be used for energy. While you're pregnant, your body might not be able to use insulin very well, or it might not produce enough to meet the needs

of pregnancy. So the sugar stays in your blood and your blood sugar levels rise. This leads to gestational diabetes. If your blood sugar levels are too high, it can cause complications for you and your baby.

What are the possible complications?

There's every chance you'll have a healthy and relatively normal pregnancy. But it's also true that having gestational diabetes increases the risk of complications, particularly if it's not recognised or treated. These include:

- Needing to have your labour induced.
- Your baby being larger than normal, which might make birth more painful. This might also mean you'll need to have a caesarean section.

- Shoulder dystocia, where the baby's shoulder gets stuck during birth.
- A small risk of stillbirth, although this is very uncommon.
- Your baby needing extra care once it's born, for example in a neonatal unit.
- Your baby being at greater risk of developing type 2 diabetes and obesity in later life.

Monitoring your blood sugar levels and meeting your targets, as well as making healthy food choices and staying active, can all reduce your risk of complications.

You'll usually be advised to give birth in hospital, and you should be able to have a vaginal birth. You should also be able to breastfeed if it's what you choose.

What next?

After you're diagnosed, your care team should tell your GP and you should be referred to a joint diabetes and antenatal clinic within one week. With the right support and treatment, you're more likely to enjoy a healthy pregnancy and give birth to a healthy baby.



We're here for you

If you've got any questions about anything in this guide or about diabetes in general, just pick up the phone to one of our advisers on **0345 123 2399** or email **helpline@diabetes.org.uk**



“

My blood sugar went back to normal levels immediately after the birth. I'm really thankful for the care I received. I know that I have an increased risk of type 2 diabetes, so I'll be going for annual checks now.

”

Rei

Diagnosed with gestational diabetes in both of her pregnancies

CHECKING YOUR BLOOD SUGAR

When you have gestational diabetes, it's really important to check your blood sugar levels so you can stay on track with managing your condition and having a healthy pregnancy.

You should be given a blood glucose meter to check your blood sugar levels. But, if you haven't, ask your care team for one straight away.

Your care team will help you set and monitor target blood sugar levels during your pregnancy and advise on taking medication like insulin. But because every woman is different, the treatments you're offered will vary depending on your blood sugar levels and your preference.

Your team might consider giving you a continuous glucose monitor, also called a CGM, if you have severe low blood sugars, called hypos, or unstable blood sugars. Visit our website at diabetes.org.uk/gest-cgm for more information.

How do I check?

You'll use a device called a lancet to prick the side of your finger to get a drop of blood for you to put on a test strip. The amount of sugar in the blood is then read by the glucose meter and the reading will appear on the meter screen. You'll also need to get a prescription for the test strips from your doctor.

If all this sounds complicated, don't worry – your care team will help you every step of the way. As a general rule, you need to check your blood sugar within 10-15 minutes of waking and one hour after every meal. But you and your care team should agree on a checking routine that's right for you, as well as an ideal target level that's manageable and minimises the risk of causing low blood sugars, also called hypos.

What are my targets?

Everyone has sugar in their blood but when levels become too high, this can lead to complications for you and your baby. Your care team will say what they think your personal target blood sugar levels should be. But here are the targets women with gestational diabetes are usually advised to aim for:

- Fasting: below 5.3mmol/l.
- One hour after meals: below 7.8mmol/l.

If you can't check until two hours after a meal, aim for below 6.4mmol/l. If you take insulin, you need to keep your blood sugar above 4mmol/l because of the risk of hypos. There's more information on these on page 28.

If you take insulin with meals and at nighttime, or if you need more information about your blood sugars to keep you blood sugar levels near your targets, your team might consider giving you a continuous glucose monitor, also called a CGM.



Tips for checking your blood sugar

- 1** Wash your hands with soap and water. Don't use wet wipes as they can affect the result.
- 2** Make sure your hands are warm as it's easier to get blood and hurts less.
- 3** Prick the top of your finger on the side, not the index finger or thumb. Don't prick the middle, or too close to a nail.
- 4** Use a different finger and area of your finger each time.
- 5** Keep a diary of your results to spot trends and track your treatment.



Need more information?

Call our helpline on **0345 123 2399**, Monday to Friday, 9am to 6pm, or email helpline@diabetes.org.uk

MANAGING AND TREATING YOUR CONDITION

Eating well with gestational diabetes

Eating well plays an important part in managing your blood sugar levels to help you have a healthy pregnancy and a healthy baby.

We've put together these general healthy eating tips to support the advice you get from your diabetes and pregnancy care team. Your care team should also refer you to a dietitian for individual advice that's right for you. If this has not happened, ask your maternity care team to refer you.

If you receive certain benefits, like income support or Universal Credit, you might be eligible for Healthy Start vouchers. These vouchers help you with the cost of milk, fruit and vegetables when you are pregnant or have young children. Visit [healthystart.nhs.uk](https://www.healthystart.nhs.uk) to find out if you are eligible.

Choose healthier carbohydrates (carbs)

Carbs are an important source of energy. Foods containing carbs give us important nutrients, vitamins, minerals and fibre, which we need to stay healthy. You should eat them at each meal when you have gestational diabetes as part of a healthy balanced diet.

All the carbs you eat and drink are broken down into glucose, which affects your blood sugar levels. So you need to know which foods and drink contain them. Carbs can be grouped into those that contain mostly starch, like bread, rice, pasta, potatoes, yams and plantain, and those that contain mostly sugars, like fruit, fruit juice, some dairy foods like yogurt and milk, sweets, chocolate, sugary drinks and desserts.

The type and amount of carbs you eat or drink makes a difference to your blood sugar levels. Your dietitian will talk to you about your usual carb portion sizes, and you may be advised to reduce them to help keep your blood sugar levels within target.

Easy swaps for healthier carbs:

- Swap white bread for multigrain, wholegrain, wholemeal or rye.
- Swap chapatti and roti made with white flour to those made with wholemeal flour.
- Swap white pittas for wholemeal pittas.
- Swap chips and mash for wholewheat pasta, boiled new potatoes, baked plantain or sweet potato.
- Swap white rice for brown rice or basmati rice.
- Swap low-fibre cereals like corn flakes for high-fibre alternatives like porridge made with jumbo oats, water and single cream.

Other healthier carbs include:

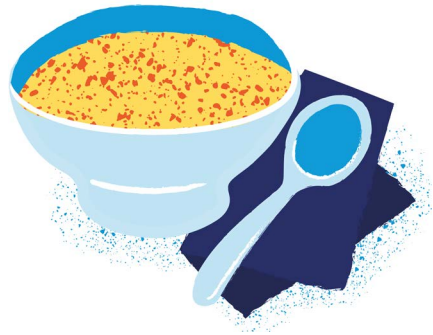
- fruit
- vegetables
- pulses like chickpeas, beans and lentils
- dairy, like unsweetened yogurt and milk. If you are using a non-dairy milk, try to choose ones that are unsweetened and fortified with vitamins and minerals.

Cut down on sugar

Sugary foods and drinks raise your blood sugar levels so it is important to cut these out or make swaps where possible. Try swapping

fruit juice and smoothies for sugar-free drinks, using low-calorie artificial sweeteners instead of sugar or jaggery, and having some sugar-free jelly or fruit instead of ice cream or biscuits when you feel like a sweet treat between meals.

Also, know the other names for sugar so you can check food labels. These include sucrose, glucose, dextrose, fructose, lactose, maltose, honey, invert sugar, syrup, corn sweetener and molasses.



Know your portion sizes

Women with gestational diabetes are generally advised to consume no more than 40-50g carbs with lunch and your evening meal, and less with breakfast. A lot of healthcare teams recommend that you should have 15-20g of carbohydrates with breakfast and then have another 15-20g a few hours later. Some people find that having 40g of carbs at breakfast makes their sugar levels go higher than their target levels.

The right portion sizes will help you manage your blood sugar levels and avoid too much weight gain during pregnancy too. Speak to your dietitian about the right portion sizes for you. You can ask to be referred to a dietitian if you don't already have one.

At mealtimes fill up a third of your plate with vegetables, with a third of your plate for a protein food like beans, nuts, pulses, eggs, lean meat, and fish. The last third is for healthier starchy carbs like wholegrain bread, wholewheat pasta and basmati, brown or wild rice. As a guide, a good place to start is:

- four tablespoons of cooked wholewheat pasta, brown rice or noodles
- a small jacket potato, about the size of closed fist
- four boiled potatoes, about the size of four eggs
- two slices of wholegrain bread.

Having more protein and vegetables in your meals helps fill you up and keep your blood sugar levels more stable.

Plan your snacks

Spreading carbs out during the day, and not having a big portion in one go, can help keep your sugar levels stable between meals. If you do need to snack when you have

gestational diabetes, swap cake, biscuits, crisps and chocolate for:

- two oatcakes with cream cheese
- fruit, like a satsuma or fruit pots in juice, but drain the juice first
- portion of Greek yogurt topped with nuts or seeds.

But watch your portion sizes still – it'll help you manage your weight during your pregnancy. These foods don't really affect your blood sugar levels, so you can eat them freely:

- vegetables or salad, like cherry tomatoes
- sugar-free jelly pot
- chopped egg, meat or fish
- natural nuts and seeds
- veggie sticks and cream cheese or hummus.

Avoid so-called 'diabetic' foods

It's illegal for foods to be labelled as 'diabetic'. They don't have any special health benefits, they're usually expensive, could still affect your blood sugar and may cause an upset stomach.

Eat low GI foods

Choose low-GI foods but you should try to watch your portion sizes as this affects your blood sugar the most. Here are some ideas:

- Basmati or easy-cook rice, pasta or noodles.

- Plantain, quinoa or bulgur wheat.
- Wholemeal roti, and include dhal in your meals.
- New potatoes, like Jersey Royals, instead of large floury potatoes like King Edwards. Or try sweet potatoes for a change.
- Granary, pumpernickel or rye bread instead of white or wholemeal.
- Pasta or noodles instead of chips.
- Pears or plums instead of tropical fruits like mango or pineapple.

Different carbohydrates are digested and absorbed at different rates, and the glycaemic index is a ranking of how quickly each individual carbohydrate-based food and drink raises your blood glucose levels after you consume them. Some foods affect sugar levels quickly and so have a high GI, and others take longer and so have a low GI. Swapping high-glycaemic food and drinks, which are broken down

quickly, for slower, lower-ranking ones are better for managing your sugar levels.

Fruit and veg

Fruit and vegetables are good for you and can help give you vitamins, minerals and fibre. Fruit is generally higher in carbs than vegetables, so it's best to eat it between your meals as a snack rather than with meals. Vegetables have very little carbs in them, so you can eat them whenever you like.

Eat less salt

Too much salt can raise your blood pressure, which can be especially risky when you're pregnant. You should have no more than about one teaspoon of salt a day. Most of this usually comes from processed foods like bacon, sausages, cheese, sauces, tinned foods in brine and crisps. So try limiting these foods and use less salt in cooking and when you're eating out.



Making changes to my diet was quite tough. I tried to cut down on sugar as much as I could, and also some sauces and juices which contained lots of sugar. But the biggest change I made was to eat more protein and reduce my intake of starchy carbs.



Reena

Diagnosed with gestational diabetes at 28 weeks

Staying hydrated

We all need to drink regularly to keep our bodies working properly. Water, tea, no-added-sugar squash and milk all count. But remember, you should limit caffeine to 200mg a day. That's the equivalent of two mugs of instant coffee or around 2.5 mugs of tea. We also get fluid from food, especially fruit and vegetables.

Fluid is important, and it's best to drink six to eight glasses of fluid a day. When you're pregnant, you need slightly more fluid, about 300ml extra per day, compared to non-pregnant women. And, if you're being sick or exercising, you will need to drink more. Here are some easy ways to have healthier drinks:

- Water is the best all-round drink. Watch out for flavoured waters, which can have added sugar.
- Herbal and fruit teas can make a refreshing change and most are caffeine-free.
- No-added-sugar squash and cordials are a good option as you use a little and add more water.
- Fruit juices and smoothies contain a lot of carbs and free sugar, which you need to cut down on. You can have more calories and sugar than you

mean to because it's easy to drink a large amount in a short time. Try to avoid drinking them if you can.

- Fizzy drinks are full of sugar, so try to go for sugar-free alternatives, unless you're using them to treat a hypo.
- Have milky coffees like lattes, cappuccinos and flat whites between meals rather than with them.
- Malted drinks and energy drinks can be high in sugar and calories, so you should try to avoid them.

Managing your weight

If you gain too much weight in pregnancy, it can make it harder to keep your blood sugar levels in the healthy range, affect your health and increase your blood pressure. However, evidence suggests that



pregnancy isn't the time to be on a really strict diet either.

Making changes to your diet and physical activity levels can help you avoid gaining too much weight, and your care team will help you with this. It'll also help you keep your blood sugar under control.

Sticking to a healthier lifestyle after pregnancy can help you to manage your weight. You'll have less risk of developing gestational diabetes in future pregnancies, as well as lowering the long-term risk of developing type 2 diabetes. You can read more later on in this guide on page 37. Breastfeeding can also help reduce your risk of developing type 2 diabetes after giving birth.

Dealing with family and food

Many families use food to communicate and bond emotionally, in good times and bad. Although this is perfectly normal and healthy most of the time, it can cause problems if you're trying to change your eating habits. This is because you might find it difficult to say no to some people when they offer you certain foods, especially if food is an important part of your relationship with them.

In some cultures, mums-to-be are also expected to 'eat for two' during pregnancy. This can make it even more complicated to keep healthy eating plans on track.

Tips for saying no

'No' can be one of the hardest words to say sometimes, especially if you're dealing with a well-meaning family member. Gestational diabetes is nothing to be ashamed of and it's fine to explain to people why you don't want to eat something or are eating less of certain things at the moment. It's not something that you need to hide. But if you don't feel comfortable explaining, you may want to try some different phrases such as:

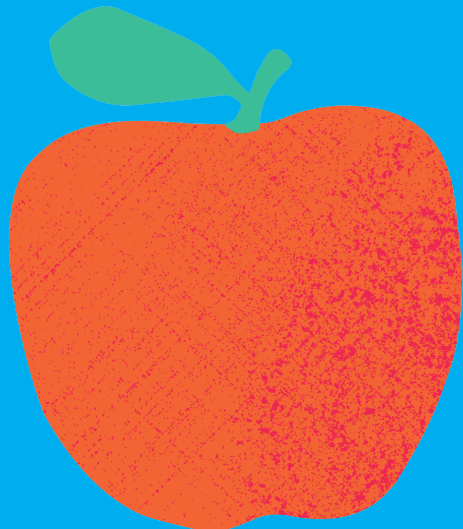
- "I'm really full, thanks."
- "It looks delicious but I just can't manage any more."
- "I've already eaten, thanks."
- "I just ate before I came over."

You may need to 'teach' your loved ones to behave in different ways around you and food. It will take time to change habitual ways of doing things but developing these skills will help you to feel in control of your diabetes management, health and weight, rather than the food.

RECIPES

Here are some recipe ideas to help you get started with healthy eating during your pregnancy.

Visit diabetes.org.uk/gest-recipes for over 500 recipes that you can make at home.



LUNCH

Vegetable pizza

Serves 4

Prep: 10 minutes

Cook: 25 minutes



Each 292g serving contains (excludes serving suggestion)

KCal 312	Carbs 40.5g	Fibre 6.0g	Protein 13.4g	Fat 9.4g	Saturates 2.8g	Sugars 9.1g	Salt 0.67g	Fruit/veg portion 2
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Ingredients

- 1 tbsp olive oil
- 1 large red onion, halved then sliced
- 1 red and 1 yellow pepper, deseeded and cut into pieces
- 100g mushrooms, sliced
- 1 tsp level dried basil
- 1 heaped tsp dried oregano
- 3–4 cloves garlic, crushed
- 2 good grinds black pepper
- 4 sundried tomatoes, finely chopped
- 2–3 fresh tomatoes, chopped
- 2 large plain naan breads (130g each)
- 125g ball reduced-fat mozzarella, thinly sliced
- 8–10 fresh basil leaves, to serve

Method

- 1** Preheat the oven to 200°C/ gas 6. Add the olive oil to the pan with the onion and cook for 2 minutes. Next, add the peppers and mushrooms, and stir regularly for 7–8 minutes, making sure they are evenly cooked.
- 2** Add the basil, oregano, garlic, a grind of black pepper, the sun-dried and fresh tomatoes. Mix well, bring to the boil, then turn down the heat, put a lid on and simmer gently for 5 minutes.
- 3** Place the naan breads onto a baking tray and spread the vegetables and mozzarella cheese evenly over the top. Bake in the oven for around 8–10 minutes – until the cheese has melted and the edges of the naan are lightly browned.
- 4** Sprinkle with fresh basil leaves and black pepper before serving.

LUNCH

Hearty minestrone soup

Serves 6

Prep: 20 minutes

Cook: 25 minutes



Each 571g serving contains (excludes serving suggestion)

KCal 305	Carbs 40.7g	Fibre 8.1g	Protein 10.0g	Fat 9.5g	Saturates 1.4g	Sugars 9.4g	Salt 0.15g	Fruit/veg portion 2
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Ingredients

- 1 tbsp oil
- 2 cloves garlic, crushed
- 1 large onion, chopped
- 1 large carrot, chopped
- 2 sticks celery, finely sliced
- 450g floury potatoes, chopped
- 1.5l vegetable stock
- 1 x 400g tin chopped tomatoes
- 125g small pasta shapes
- 200g French beans, halved
- 100g frozen peas
- quarter Savoy cabbage, roughly chopped
- 4 tbsp fresh parsley, chopped
- 4 tbsp pesto sauce
- freshly ground pepper
- 30g fresh Parmesan cheese shavings

Method

- 1 Heat the oil in a large pan, add the garlic, onion, carrot, celery and potatoes and fry for 3-4 minutes until beginning to soften but not brown.
- 2 Add the stock and tomatoes, bring to the boil and simmer for 10 minutes. Add the pasta, beans, peas and cabbage and continue to cook for a further 10 minutes, or until the pasta is cooked.
- 3 Stir through the parsley and pesto and season well. Serve topped with Parmesan cheese shavings.

DINNER

Chicken and lentil curry

Serves 4

Prep: 20 minutes

Cook: 35 minutes



Each 271g serving contains (excludes serving suggestion)

KCal 332	Carbs 30.5g	Fibre 4.9g	Protein 29.4g	Fat 9.1g	Saturates 1.9g	Sugars 9.0g	Salt 0.26g	Fruit/veg portion 3
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Ingredients

- 1 tsp ground cumin seeds
- 1 tsp coriander seeds
- 1 tbsp rapeseed oil
- 2 onions, thinly sliced
- 4 cloves garlic, thinly sliced
- 3 cm fresh ginger, finely chopped
- 1-3 green chillies, split open
- 400g chicken thigh, cut into bitesized pieces
- half tsp chilli powder
- 1 tsp garam masala
- 1 tsp turmeric powder
- juice 1 lemon
- 400g tin chopped tomatoes
- 150g red lentils

Method

- 1** Add the cumin and coriander seeds to a dry saucepan and toast for 1-2 minutes. Add the oil and the onions. Cook for 5 minutes, stirring regularly until browned.
- 2** Add the garlic, ginger, green chillies and chicken pieces and cook for another 2-3 minutes, stirring regularly.
- 3** Add the chilli powder, garam masala and turmeric powder along with the lemon juice, tomatoes and 500ml water.
- 4** Bring to the boil, mix well, reduce the heat and simmer for 15 minutes, stirring regularly.
- 5** Add the lentils and simmer for another 15 minutes, stirring regularly, until cooked.

DINNER

Fish pie

Serves 6

Prep: 15 minutes

Cook: 45-55 minutes



Each 382g serving contains (excludes serving suggestion)

KCal 370	Carbs 41.9g	Fibre 7.4g	Protein 24.2g	Fat 10.1g	Saturates 1.8g	Sugars 13.3g	Salt 0.79g	Fruit/veg portion 2
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Ingredients

- 1kg sweet potato, cut into large chunks
- 2 tsp rapeseed oil
- 2 leeks, halved lengthways, then chopped
- 1 heaped tbs plain flour
- 1 fish stock cube
- 400ml skimmed milk
- good pinch white pepper
- 25g fresh parsley chopped (plus a little to garnish)
- 1 heaped tsp smoked paprika
- 300g pollock, cut into cubes
- 300g salmon, cut into cubes
- pinch black pepper

Method

- 1** Preheat the oven to 180°C/gas 4. Boil the sweet potatoes for 15-20 minutes until soft and drain.
- 2** Heat the oil in a saucepan over a low-medium heat and fry the leeks, stir regularly, until they soften, about 7-8 mins.
- 3** Sprinkle the flour over the leeks and crumble the stock cube over. Mix well for a minute or so until the leeks are coated.
- 4** Slowly stir in a quarter of the milk until it becomes quite thick, then gradually stir in the rest, stirring constantly, until it comes to the boil. Stir in the white pepper and parsley and remove from the heat.
- 5** Mash the sweet potatoes thoroughly and mix in the smoked paprika.
- 6** Add the leek sauce to an ovenproof dish and arrange the fish so that it is evenly distributed, pushing it into the sauce. Top with the sweet potato and bake for 25-35 minutes until the sauce starts bubbling through the sweet potato, sprinkle with the remaining parsley and black pepper.

DINNER

Cauliflower stir fry

Serves 1

Prep: 15 minutes

Cook: 15 minutes



Each 380g serving contains

KCal 228	Carbs 17.9g	Fibre 9.0g	Protein 10.4g	Fat 10.8g	Saturates 1.6g	Sugars 12.1g	Salt 0.1g	Fruit/veg portion 4
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Ingredients

- 1½ tsp sesame seeds
- 1 small onion, thinly sliced (approx. 60g unpeeled)
- 1 tsp rapeseed oil
- 60g leek, thinly sliced
- 1 clove garlic, crushed
- 1 tsp freshly grated ginger
- 250g cauliflower florets
- 5-6 sprays 1cal oil
- 1 tsp Tabasco or 1 tsp Sriracha hot sauce
- 1 tbsp spring onion, finely chopped
- 1 tbsp coriander, torn

Method

- 1 Heat a small frying pan and dry-fry the sesame seeds for 1–2 mins until lightly browned and fragrant. Set aside.
- 2 Add the oil, onion and leek to the pan, cover and cook over a very low heat for 5 mins, stirring frequently until softened. Add the garlic and ginger. Cook for a further 1 min.
- 3 Give the cauliflower a good spray with 1cal oil, at least 5-6 pumps, and to the onion pan with 3tsp water. Cook over a medium heat for 5-6 mins, stirring occasionally, until the florets start to brown.
- 4 Add the Tabasco or Sriracha, stir in and cook for a further 1 min. Spoon into a bowl, scatter with spring onion, coriander and sesame seeds, and serve.

DINNER

Slow-cooked bean chilli

Serves 4

Prep: 20 minutes

Cook: 30 minutes



Each 500g serving contains (excludes serving suggestion)

KCal 330	Carbs 38.3g	Fibre 18.1g	Protein 24.2g	Fat 4.9g	Saturates 0.7g	Sugars 15.0g	Salt 0.36g	Fruit/veg portion 5
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Ingredients

- spray oil of your choice (optional)
- 2 medium onions, chopped
- 1 tsp crushed garlic
- ½ tsp ground ginger
- 300g mixed mushrooms
- 1-2 peppers (green, red or yellow), chopped
- 300g Quorn mince
- 1 tbsp balsamic vinegar
- 80g carrots, cubed
- 400g can chopped tomatoes
- 400g can chickpeas in water, drained
- 400g can kidney beans in water, drained
- 2 tsp tomato purée
- 700ml very low-salt vegetable stock
- Pinch chilli flakes

Method

- 1 Use the browning function on your pressure cooker to soften the onions, garlic, then sprinkle with the ginger.
- 2 Add the mushrooms, peppers, soya mince and balsamic vinegar. When browned, add the carrots and cook for 20 minutes.
- 3 Add the tomatoes, beans, chickpeas, tomato purée and enough stock to reach the middle of your cooker.
- 4 Add the chilli flakes and set your pressure cooker for 30 minutes. Serve with rice.

Understanding food labels

Do you know exactly what you're putting into your shopping basket? Packaged food labels can be confusing if you don't know what to look for. Here's a breakdown of what they mean.

Follow the traffic light system

Most food companies use a 'traffic light' labelling system on the front of the pack to tell you how much fat, sugar and salt the product contains, as well as the amount of energy (or calories). This makes it easy to compare different products at a glance to make the healthiest choice for you

Reading traffic light labels

Each 254g pack contains:				
Energy 2264kJ 542kcal	Fat 20g	Saturates 6.4g	Sugars 7.6g	Salt 2.4g
27%	28%	32%	8%	42%

Simply put, 'green' means healthy, 'amber' means okay and 'red' means unhealthy if eaten often. Most foods have a mix of traffic light colours, so try to pick ones with more greens and fewer reds.

If you want more detail on traffic light labelling, this table shows how much fat, saturated fat, sugars and salt are considered low, medium or high in foods. These amounts are lower for drinks. You can also find out if the sugar is natural or added by checking the ingredients list.

Always check the label on the back of the pack for 'carbohydrates per 100g' as all carbs raise blood sugar levels and the front label may not mention them. You can also find the fibre content on the back label. Fibre can help you avoid constipation during pregnancy, so when deciding between products, choose ones with more fibre in them.

Staying active

Even if the word 'exercise' puts you off, staying active while pregnant is completely safe and has great benefits. And you don't have to join a gym, wear lycra or play sports if you don't want to.

Women with gestational diabetes should aim to take regular physical activity every day. Regular moderate exercise is safe for you and your baby and helps lower your blood sugar levels, as your muscles need to use sugar for energy.

You should try not to sit after a meal. Being active for 15-20 minutes within 30 minutes of a meal will help get your post-meal blood sugar level in the target range you have been recommended.

There are lots of other great health benefits too, from better control of your weight and stronger muscles

and bones to improved circulation, mood and sleep.

Tips to build more activity in to your day:

- Walking to the shops to pick up a few items.
- Having a walking meeting or catch up with friends.
- If you have other children, ask for support with childcare so you can go for a swim or exercise class.
- Try some pregnancy yoga – you can search for videos to follow online.

What should I aim for?

If you were active before, just keep on doing what you were doing as you're more likely to stick to activities you enjoy. And if not, it's best not to start anything strenuous suddenly. Start gradually, and build up from there. Listen to your body and adapt as and when you need to.

Things to remember

- Check with your healthcare team if you want to try a new activity that you're not used to.
- Carry some diabetes ID like a bracelet, necklace or card while exercising, especially if you're

at risk of hypos. See page 28 for more information.

- Drink plenty to stay hydrated at all times (see page 14).
- If you're at risk of hypos because you take insulin, check your blood sugar regularly and have hypo treatments to hand.

Smoking and alcohol

It's safest not to drink at all during pregnancy, as alcohol can harm your baby. The more you drink, the greater the risk. This is especially true if you've got gestational diabetes, as alcohol can increase your risk of a hypo if you're taking insulin.

It's also not safe to smoke during pregnancy, and you should make every effort to quit if you smoked before you were pregnant.

Smoking is bad for your health and it can harm your baby, as it will restrict their oxygen supply. This includes smoke from people around you too. For help to quit smoking, ask for help from your care team.

Want extra help quitting?

NHS Pregnancy Smoking helpline:

0800 123 1044

quitnow.smokefree.nhs.uk

Medication

Many women start with changes to their diet and physical activity. But if your blood sugar levels are very high or do not go down enough after a couple of weeks, you might need to take medication to manage your blood sugar levels. This doesn't mean you've failed – far from it. It just means you need a bit of extra help to bring your blood sugar levels under control and avoid the risk of complications. But remember, even when medications are needed, you'll still need to make changes to your diet and physical activity. All of these things together can help you control your blood sugar levels.

What medication might I take?

- **Insulin.** A hormone that allows your body to turn sugar into energy. It needs to be injected under the skin as your stomach would digest it if taken in pill form. Don't worry though – your care team will show you how to inject insulin safely if you need it.
- **Metformin.** This pill helps to lower the amount of sugar your liver produces and make your natural insulin work properly. You take it with a meal or just after.

What about side effects?

Although all medications have possible side effects, you probably won't feel them all or even feel any. Look at the information leaflet to learn about possible side effects, and if you feel any of them, tell your care team or pharmacist.

The leaflet for metformin advises not to take it during pregnancy, but rest assured it's used widely in the UK to help manage diabetes in pregnancy, as there's strong evidence that it's both effective and safe. But if you're worried, talk to your care team.

Make it easy to remember your medication

- 1 Create a daily routine. Write down when to take your medication each day, especially if there's more than one. Your pharmacist can help with this.
- 2 Use a pill box. Get one with separate days of the week to stay organised.
- 3 Track injection times. Use a digital device that measures time between injections.
- 4 Keep medication handy. Store within view but out of children's reach.
- 5 Set reminders on your phone or computer to take your

medication, as well as ordering repeat prescriptions.

You don't need to pay for your medication

Ask your GP or midwife for a Maternity Exemption Certificate form (sometimes called a Matex form), which gets you free NHS prescriptions.

Tips for using insulin

- Change the places you inject – don't always use the same place, or you may get unpleasant lumps under your skin. Use a new needle for every injection.
- If you're finding it painful to inject, speak to your nurse. As with most things, practice makes perfect and in time it will hurt less as you get used to it.
- Use a special sharps disposal bin to get rid of your needles and the lancets from blood sugar tests, not a normal bin. You can get these bins free on prescription and your clinic will tell you what to do when they're full.
- Don't be worried about injecting into your abdomen while pregnant. As long as you avoid the area close to your belly button, the short 4-6mm

needle will only get as far as the fatty layer under your skin – nowhere near your uterus, where your baby is growing.

Driving with gestational diabetes

If you drive, you need to tell the DVLA if:

- your insulin treatment lasts (or will last) longer than three months
- you've had gestational diabetes and your insulin treatment lasts longer than three months after the birth
- you have hypos (see page 28) that need someone else's help to treat.

We have more information about diabetes and driving on our website: diabetes.org.uk/gest-driving

Vaccines

It is important you have any vaccinations that your healthcare team recommends, including the coronavirus vaccines and the flu vaccine. This is because pregnant women are more at risk of complications if they get ill. With coronavirus and flu, complications can include your baby being born prematurely, low birthweight and in some

cases, stillbirth. Vaccines are safe if you're pregnant but speak to your healthcare team if you have any concerns.



Preventing hypos and hyperts

Managing your gestational diabetes is all about keeping your blood sugar within a healthy range. As we've seen, this is affected by what you eat, how much you move and any medications you take.

But there might be times when your blood sugar is higher or lower than your targets, and this is more likely to happen if you take insulin. If this happens, you're at risk of having a hypo (hypoglycaemia) if your levels are too low, or a hyper (hyperglycaemia) if your levels are too high. Both of

these can be serious, so here's how to prevent them and what to do if one comes on.

Hypos

What is a hypo?

A hypo can come on quickly when your blood sugar is too low, usually below 4mmol/l. Everyone has different symptoms, but they can include trembling and feeling shaky, blurred sight, going pale, palpitations or a fast pulse, sweating and feeling anxious.

Why do they happen?

Not all women with gestational diabetes have hypos, but it's more likely if you take insulin. In general, missing meals, exercising lots without eating extra carbs, taking more insulin than you need or drinking alcohol on an empty stomach can all bring on a hypo.

What do I do if I have one?

If you feel symptoms coming on, you need to act immediately or you may get confused, drowsy or even pass out.

- 1 Eat or drink 15-20g of fast-acting carbs to treat a hypo. This could be five glucose tablets or large jelly babies, a small carton of pure fruit juice or sugary (non-diet) drink or two tubes of a glucose gel such as GlucoGel®.
- 2 You should check your blood sugar level again 15 to 20 minutes after treating the hypo and treat again if your level is still less than 4mmol/l.
- 3 After a hypo, you may need to eat or drink a bit more to stop your sugar levels going down again. Try to eat 15 to 20g of a slower-acting carb. This could be a sandwich, a piece of fruit, cereal or milk. Or it could be your next meal if that's due.

Always make sure you have got a hypo treatment with you just in case. You may be able to get glucose tablets and gels on prescription if needed. Please talk to your healthcare team about this.

If you become unconscious, people shouldn't try to give you any food or drink because you won't be able to swallow.

Your healthcare team will discuss with you how to avoid hypos and how to treat them.

Tips for dealing with hypos

- Carry on checking your blood sugar levels regularly if you have a hypo, as you are more likely to have a hypo if you have had one before.
- If you take insulin, keep hypo treatments with you at all times, including on your bedside table. Your healthcare team can advise

you about the best treatments to have.

- Don't treat hypos with high fat foods like chocolate or biscuits, as they don't work fast enough.
- Talk to your healthcare team if you have lots of hypos, as they can suggest changes to your medication or discuss other changes to reduce your risk of hypos.
- Carry some diabetes ID with you in case you ever become unwell.

Hypers

What is a hyper?

This is when your blood sugar level is too high. That's usually above 5.3mmol/l before a meal, above 7.8mmol/l one hour after a meal, or above 6.4mmol/l two hours after a meal. But your healthcare team will give you your own targets.

You probably won't feel anything if your blood sugar is slightly higher than it should be. But more common symptoms can include needing to pee more than usual – especially at night – being thirsty, headache and tiredness.

Why do they happen?

Hypers have several different causes. Maybe you've missed a dose of your medication or eaten more carbs than you

planned to. Or you could be stressed, have missed your usual physical activity, be unwell with an infection or even over-treated a hypo.

What do I do if I have one?

If you have a high blood sugar level, going for a walk and drinking plenty of water or any sugar-free fluids will help bring it down.

If you notice it happening often, speak to your care team about any lifestyle or medication changes you may need to make. And if you feel ill then please get medical attention right away, especially if you're being sick.

Avoiding hypers

- Stick to your medication routine. If you have any concerns about taking your medication, please talk to your healthcare team.
- Check your blood sugar often to keep it at your target levels.
- Be aware of the type and amount of carbs you're eating and how they affect your blood sugar levels. Keep active after meals.
- If you're ill, speak to your diabetes healthcare team as soon as possible for advice. They will be able to advise if any changes to your treatment are needed.



LOOKING AFTER YOUR EMOTIONAL WELLBEING

Pregnancy can be an emotionally challenging time, and it's often harder if you've been diagnosed with gestational diabetes.

There's the added pressure of needing to test and manage your blood sugar levels. Some women feel guilty about their diagnosis or anxious they might hurt their baby when they don't get things right. Other women feel judged by family and friends or worry about eating in front of people. And these feelings can quickly become overwhelming if they're not dealt with in a healthy way.

If you're struggling to cope with negative feelings about your diagnosis, then please understand that you're not alone. Help is there if you need it and there are many ways to get emotional support. Whatever you're going through, we're here to support you every step of the way.

Fighting shame and stigma

It can be hard enough dealing with the shock and uncertainty following diagnosis and having to deal with making changes such as monitoring your blood sugar levels. But we know many people with gestational diabetes also experience stigma and feel judged following their diagnosis.

It is important to remember that gestational diabetes is caused by many factors outside of your control, such as genetics, and you should not blame yourself. In fact, now is a great opportunity to take a deep breath and focus your mind on what really matters – you and your baby.

You can make small, sustainable changes each day without putting too much pressure on yourself. And if you do that, you will hopefully start to feel more confident and find your diabetes more manageable.



“ There’s a lot of shame and misconceptions attached to having diabetes. I was really upset and in denial for a while. I was worried about the baby. I was encouraged by my diabetes team to stay active. I made time to do it for myself and for my mental wellbeing at this difficult time.

Rei

Diagnosed with gestational diabetes in both of her pregnancies

”

Dealing with difficult feelings

Remember that feelings can come and go, and how you cope with your gestational diabetes will vary. You might find that one day you feel positive and motivated to manage your condition and the next you feel low and hopeless.

Be kind to yourself and celebrate small successes. Starting a mood diary or journal can be a great way to keep track of your emotions and spot any links between how you feel physically and emotionally. It's also important to open up to someone you can trust and share your highs and lows with them.

As time goes on, you will adjust to your new way of life and become more confident in your ability to cope with the demands that gestational diabetes can throw at you. Difficult emotions might come back at times, but if they don't last too long, try not to worry about it. You don't have to feel positive about your diabetes all the time.

Get the help you need

As well as talking to a trusted friend or family member, there are lots of things you can do to help improve your overall emotional wellbeing during pregnancy. Here are some ideas to help you cope.

Speak to your healthcare team

If you're worried about your mood and overall mental health, your healthcare team is there to give you emotional and psychological support and will direct you to other specialist support services if needed.



Call our helpline

Talk to a trained advisor by calling our helpline on **0345 123 2399**. They can give you information about your condition, take time to talk things through and explore how you're feeling.



A friend put me in touch with another mum who'd had gestational diabetes and hearing how her baby was healthy and thriving was a huge relief. I'd really recommend newly diagnosed mums speak to other mums who've had gestational diabetes if they can. The moral support really helps.



Vicky

Diagnosed with gestational diabetes while pregnant with her second son.

Meet local groups

It can be helpful to meet other people who live with diabetes and talk about your experiences. Our local groups can offer understanding, help and support at an important time.

For more information, go to diabetes.org.uk/gest-local-groups

Try talking therapies

Cognitive Behavioural Therapy, or CBT, offers lots of techniques that help you cope with stressful situations. It helps you identify triggers for low moods and negative thoughts, and helps you learn to deal with them when they happen.

If you live in England, you should be able to access free CBT through your local IAPT service (England only) or you can ask your healthcare professional to refer you. Find out more information by searching 'IAPT' on the nhs.uk website.

Practice meditation

Building in just a few minutes of mindfulness meditation each day can help you reduce stress, stay present and manage difficult emotions. There are several popular mindfulness apps to choose from nowadays, such as Headspace and Calm, which you can download free of charge.

YOUR CARE DURING PREGNANCY

Because of your condition, your pregnancy care team will want to see you more often than other pregnant women, so you can expect more appointments, tests and scans. This is to make sure that your pregnancy goes as smoothly as possible and is nothing to worry about.

Getting the most out of every appointment

Your appointments are a great opportunity to get information and advice from your care team and talk with your midwife or doctor about any concerns. So, it's worth spending some time thinking about how to make the most of every appointment.

Before you go

Make a note of any questions so you don't forget and remember to take useful things like blood sugar results or a list of your medications. Ask your healthcare professional if you need to bring anything else with you, or if you need to take any tests beforehand.

At your appointment

Listen carefully, take notes and ask questions when you need to – especially if you don't understand what your healthcare professional is saying. Don't be shy about getting the help you need, even if that means taking someone with you. Once you've covered everything in your list, make a plan about what should happen next and ask who to contact if you have any more questions before your next appointment.

After your appointment

Go over what was said and note down anything you need to do before your next appointment – and remember to put this in your diary.



Your baby's movements

Gestational diabetes can affect how well your placenta works. If your placenta isn't working as well as it should, it can make your baby unwell and affect their movements. If you notice that your baby's movements have slowed, stopped or are different to normal, you should contact your midwife or maternity unit immediately.

There are staff on the hospital maternity unit 24 hours a day, seven days a week who can check your baby is OK.

Don't put off phoning until the next day, and don't worry about phoning, as it is important your doctors and midwives know if your baby's movements have slowed down or stopped. If you get the right treatment and care as soon as you can, this could save your baby's life.

Your care during labour and birth

Many women worry that they will have to have a caesarean section if they have gestational diabetes, but that's not the case. It's likely that you will be able to have a vaginal birth if that's what you choose.

To make sure your labour goes as smoothly as possible, you'll be asked to have your baby in hospital. Your healthcare team will talk to you about planning the best time to have your baby. This is likely to be earlier compared to a woman who does not have diabetes. This should be discussed with you after your 32 and 36 weeks scans..

During labour, your blood sugar levels will be monitored at least every hour to make sure they're on target. If not, you may need a drip.

When your baby is born

The first time you meet your baby is a very special moment, so your baby will stay with you unless your care team has any concerns. Within 30 minutes, you'll feed your baby, then again every two or three hours.

You'll both be closely monitored for 24 hours before you can go home, to make sure everything's OK. During this time, your team will check your baby's blood sugar levels every two to four hours and make sure they're happy with your baby's feeding patterns before you go.

Your care after pregnancy

Once your baby is born, your blood sugar levels will likely return to normal and you can stop taking diabetes medication.

You should also have your blood sugar checked regularly, with a test between six and 13 weeks after the birth, followed by an annual check-up. This is called an HbA1c test and measures your blood sugar levels over the previous two to three months. If you're not invited for these tests, speak to your GP and ask to arrange them, as they're really important.

Some women may have had undiagnosed diabetes before they were pregnant. This is why it's important to have your blood sugar levels checked a few weeks after giving birth. If your levels are still high, you will be offered further tests for diabetes and may need to stay on your medication.

If you get pregnant again in the future, let your healthcare team know about your history of gestational diabetes, as you're more likely to develop the condition again. You should be offered early self-monitoring of blood glucose or an oral glucose tolerance test in future pregnancies.

YOUR GESTATIONAL DIABETES CHECKLIST

It can be a lot to take in when you first get diagnosed. This checklist will help you get the right care and information when it counts.

- Make sure you understand the condition and how it's treated.
- Get to know who's in your healthcare team and what they do.
- Ask for a blood glucose meter and agree your targets with your healthcare team.
- Get a Maternity Exemption Certificate from your GP or healthcare team for free prescriptions.
- Ask to see a dietitian to talk about your diet and exercise during pregnancy.
- Find out who to call if you need extra help and support.
- Make sure you know how to treat hypos and hyperts.



REDUCING YOUR RISK OF TYPE 2 DIABETES

Having gestational diabetes increases your risk of developing type 2 diabetes later in life. And it also increases the risk of your child becoming overweight and going on to develop type 2 diabetes in the future.

But there are lots of things you can do to reduce your risk of developing type 2 diabetes, including breastfeeding your baby.

If your blood sugar levels are high six weeks after birth, you'll be diagnosed with type 2 diabetes. You'll then get ongoing care and treatment.

Be aware that if you're going to the toilet more often than usual (especially at night), are extremely tired, thirsty or have unexplained weight loss, this may be a sign of type 2 diabetes. So speak to your GP or nurse if you have any of

these symptoms. If you're not diagnosed with type 2 diabetes, you should still have a review each year to monitor your risk. Speak to your GP if you haven't been offered a review.

How to reduce your risk

You can reduce the likelihood of developing type 2 diabetes by managing your weight, following a healthy diet and staying active.

**Order or download
Your guide to type 2 diabetes
by calling 0800 585 088
or visit diabetes.org.uk/gest-t2**



Manage your weight

You're far more at risk of getting type 2 diabetes if your body mass index (BMI) is in the overweight or obese range. Your BMI uses your height and weight to work out if your weight is healthy. So once you've had your baby, try to reach or maintain a healthy BMI. This is between 18.5 and 24.9 for most adults, or between 18.5 and 23 for South Asian adults.

It may be a good idea to see a dietitian to help you lose weight in a healthy way. And if you've had gestational diabetes and your blood sugar levels returned to normal after birth, you can ask for a referral to the NHS Diabetes Prevention Programme in England. We've got more information on our website at diabetes.org.uk/gest-dpp

Eat a healthy diet

Following a healthy balanced diet will help you keep to a healthy weight and reduce your risk of developing type 2 diabetes. The changes you may have made already such as swapping to wholegrain starchy carbs, watching your portion sizes and keeping sugary foods and drinks to a minimum are still important.

Research has shown too that some foods may be linked with a lower risk of type 2 diabetes. These include blueberries, grapes, apples and green leafy veg, as well as yogurt, cheese, tea and coffee.

You can read more tips for healthy eating to prevent type 2 diabetes at: diabetes.org.uk/gest-eating-tips

Rather than...	Try...
sugary cereal	wholegrain cereal, like porridge.
chips or potato waffles	couscous, sweet potato, yam or cassava.
sugary drinks	water flavoured with mint, lemon or other fresh fruit.

Making healthy choices

Back-of-pack labels give more detailed information about things like ingredients and known allergens. Ingredients are listed in order of high to low quantity, so if sugar, syrup or anything ending in ‘-ose’ is top of the list, the product is likely to be high in sugar.

All measures per 100g	Low	Medium	High
Fat	3g or less	More than 3g to 17.5g	More than 17.5g
Saturated fat	1.5g or less	More than 1.5g to 5g	More than 5g
Sugars	5g or less	More than 5g to 22.5g	More than 22.5g
Salt	0.3g or less	More than 0.3g to 1.5g	More than 1.5g

Five tips for food labels

- Look at the ‘reference intake’ (RI) percentages to see how much one portion contributes to the amount of calories, fat, sugars and salt an average adult should have each day.
- Check how much of the pack counts as a portion to avoid consuming more calories, fat and sugar than you need.
- Check the label’s definition of a portion size. It may differ from yours and be smaller than you would like. However, if you are trying to lose weight or maintain a

healthy weight, it’s a good idea to reduce your portions.

What if there’s no nutritional information?

Not everything you buy will have nutritional information. But there’ll still be clues. Remember that the ingredients are listed in order of how much there is in the product, from high to low, so if sugar is at the top, it may be worth looking for an alternative.

Information on packaging

Many of the claims made on food packaging, such as 'fat-free' or 'low-fat', can be confusing. These products aren't necessarily healthy, as they may still be high in sugar, fat and calories. Check the label if you're not sure about the ingredients.

Stay active

Looking after a young baby will certainly keep you busy. But you should still aim to lead a physically active lifestyle and reduce the amount of time you spend sitting down. You should aim to do regular physical activity, such as 30 minutes of walking after lunch or dinner. Look out for opportunities to move more throughout the day.

For example, try taking stairs instead of lifts, walking a bit further to the shops or even standing while you're on the phone.



GLOSSARY

Blood sugar levels

Also called blood glucose levels. A measure of how much sugar is in the blood.

Blood glucose meter

A device that measures your blood sugar levels. It also stores the results.

Carbohydrate (carbs)

One of the body's main sources of energy, which is broken down into glucose (sugar).

Diabetes healthcare team

The healthcare professional team that helps you look after your diabetes. It can include doctors, nurses, dietitians and midwives.

Free sugars

Includes any added or 'hidden' sugar, as well as the 'natural' sugars in honey, syrups and fruit juices. It doesn't include the sugar in milk (lactose) and fruit (fructose).

Glucose

The main sugar in the blood, which the body uses for energy – the essential fuel for the brain. Also called blood glucose or blood sugar.

Hormone

A chemical substance that acts like a messenger. It's made in one part of the body and then travels to other parts of the body where it helps control how cells and organs do their work.

Hyperglycaemia (hyper) (hy-per-gly-see-me-a)

When your blood sugar levels are too high. Often called a hyper.

Hypoglycaemia (hypo) (hy-po-gly-see-me-a)

When your blood sugar levels drop too low (below 4mmol/l). Often called a hypo.

Insulin

The hormone that keeps blood sugar levels under control.

Insulin resistance

When insulin can't be used properly and so isn't effective enough at lowering blood sugar levels.

Lancet

A finger-pricking needle used for getting a drop of blood to test blood sugar levels.

Maternity Exemption Certificate (Matex)

A certificate, or card, which gives pregnant women and mothers who've had a baby in the last 12 months free NHS prescriptions and dental treatment.

Metformin

A common medicine used to treat type 2 diabetes by reducing the amount of glucose that the liver releases into the bloodstream.

Pancreas

A gland near the stomach that secretes the hormone insulin.

Reference intakes

Guidelines based on the approximate amount of nutrients and energy you need for a healthy, balanced diet each day.

Type 1 diabetes

The condition where the insulin-producing cells in the body have been destroyed and the body can't produce any insulin.

Type 2 diabetes

The condition where the body doesn't make enough insulin, or the insulin made isn't working properly. This causes glucose (sugar) to build up in the blood.

A hand holding a white flag with the word 'MISSION' written on it. The background is a solid blue color.

MISSION

**We are Diabetes UK
and it's our mission
to tackle diabetes,
day in and day out,
until it can do no harm.**

It's why we campaign for better care,
give support in times of need and fund
ground-breaking research into new
treatments and a cure.

Diabetes doesn't stop, so neither do we.

This guide is FREE

As a charity, we rely on the generous donations of people like you to help us produce this vital information on living with diabetes.

To find out more about how you can help us, go to diabetes.org.uk/get-involved

Or, to make a donation to support our work, go to diabetes.org.uk/donate or send a donation via text.

Please text DUK to 70123 to donate £5 to Diabetes UK and help us do even more for people with diabetes.

You will be charged £5, plus one message at your standard network rate. Diabetes UK will receive 100%. Registered charity number England & Wales 215199 and Scotland SCO39136. If you wish to discuss this mobile payment, call 0203 282 7863.

By texting DUK to 70123, you are agreeing to us contacting you by phone and SMS to tell you more about our work and how you can support it (including financial support). To give £5 without receiving further contact by phone and SMS, text DUK NO to 70123.

You must obtain permission from the bill payer before sending a text message.

GET IN TOUCH

Call **0345 123 2399**

Email **helpline@diabetes.org.uk**

Visit **diabetes.org.uk**

Search **Diabetes UK** on Facebook,
X, YouTube and Instagram



We welcome your feedback. If any information in this guide has been particularly helpful or if you would like to suggest any improvements, please send your comments to: **helpline@diabetes.org.uk** or write to us at: Diabetes UK Helpline, Wells Lawrence House, 126 Back Church Lane, London E1 1FH

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Our information is correct at the time of publication. It's not a substitute for seeing a healthcare professional, and isn't intended to replace the advice given by your diabetes healthcare team.

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