

# Health Journey

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pregnant?



## Editor's view

Two hundred women die of heart disease in Australia every week. That works out to be about 10,400 women each year and makes heart disease the leading cause of death for Australian women. Interestingly, only about one-third of us know this, despite the fact that nine in ten of us have at least one risk factor for the disease.

The worrying thing about heart disease is that although it is largely preventable, many of us don't know what to do to reduce our risks of developing it. That is why Women's Health teamed up with the Heart Foundation in early June to deliver a videoconference to women living in rural communities across Queensland. Our aim was to spread awareness about the risk factors of heart disease and to share information about how we can all start taking steps towards healthier lifestyles. Having your blood pressure and cholesterol levels checked regularly and making small changes to your everyday routine can have a big impact on lowering your risks of dying from heart disease.

Knowing what to do in the event of a heart attack is also important. A study published in the *Journal of the American Medical Association* in February found that many women, particularly those under the age of 45, don't experience any chest pain when having a heart attack. This means they don't seek medical attention early enough and as a result, have a higher incidence of death than their male counterparts.

To find out more about how you can lower your risk of heart disease, visit the Heart Foundation's website at [www.heartfoundation.com.au](http://www.heartfoundation.com.au) and support their Go Red for Women campaign by wearing red this June to help increase awareness about the risk factors.

As well as promoting heart health this June, Women's Health will be providing information for expectant and new mothers at the Brisbane Pregnancy, Babies & Children's Expo. If you have a new baby, or are expecting one soon, join us at the Brisbane Convention and Exhibition Centre in South Bank from 22-24 June. Our nurses and midwives will be there to chat with you about your health and we will welcome you to our *Looking After You* seminar, where you can learn great tips to help look after your physical and mental wellbeing at this special time of your life.

Visit [www.womhealth.org.au](http://www.womhealth.org.au) to download your free ticket and catch up with us at the Expo to receive free copies of our *Looking After You* booklet, the latest edition of *Health Journey* and our *Preconception and Pregnancy Health* factsheet.

  
Joanna Egan



### About us

Women's Health Queensland Wide Inc (Women's Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland. Services include:

- **Health Information Line**  
A free information and referral service for Queensland women
- **Health information** and free lending library via [www.womhealth.org.au](http://www.womhealth.org.au)
- **Health education** for community and health professionals

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**Facsimile** . . . . . (07) 3831 7214

**Health Information Line** . . . . . (07) 3839 9988

**Toll free outside Brisbane** . . . . 1800 017 676

**Email** . . . . . [admin@womhealth.org.au](mailto:admin@womhealth.org.au)

**Web** . . . . . [www.womhealth.org.au](http://www.womhealth.org.au)

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# Breastfeeding: did you know?

- The health benefits are well-documented but there's a lot about breastfeeding many women still don't know.

## 1. Breastfeeding rates are low

To encourage optimal growth, development and health in infants, the World Health Organization (WHO) recommends mothers exclusively breastfeed their babies for their first six months and then suggests mothers introduce solid foods but continue regular breastfeeding until babies are about two years old. The Australian Dietary Guidelines (ADG) also promote exclusive breastfeeding for the first six months and then encourage mothers to continue regular breastfeeding until their babies are at least 12 months of age.

Despite these recommendations, only 35 per cent of all babies worldwide are breastfed for longer than three months. This figure is slightly higher in Australia, at 56 per cent, but our national breastfeeding rates drop rapidly in the first six months after childbirth. About 92 per cent of all Australian babies are breastfed at birth. By one week of age, this drops to 80 per cent, and then to 71 per cent by one month. By four months, only about 46 per cent of Australian infants are fully breastfed and by five months this drops to 28 per cent. At six months, which is the time when WHO and the ADG recommend mothers start introducing solid foods, only 14 per cent of mothers are still exclusively breastfeeding.

## 2. Breastfeeding women require about 20 per cent more kilojoules

On average, breastfeeding mothers require about 2000 kilojoules per day more than other adult women however this varies depending on the amount of milk they are producing and their level of physical activity.

Breastfeeding naturally allows for gradual weight loss after childbirth by converting fat stores to energy for lactation. Breastfeeding women should avoid following weight-loss diets and instead consume regular nutritious meals and snacks to meet their additional energy needs. They should eat a varied diet that includes the following:

- **Protein**, found in meat, fish, poultry, eggs, dairy products, legumes, nuts and seeds.
- **Calcium**, found in dairy products and calcium-fortified soymilk.
- **Iron**, found in red meat, chicken, fish, legumes, nuts, dried fruit, green leafy vegetables and wholegrain breads and cereals.
- **Folate**, found in green leafy vegetables, wholegrains, nuts, avocado and yeast extract (Vegemite).
- **Iodine**, found in seafood, milk, vegetables and iodised salt.
- **Zinc**, found in meat, wholegrain cereals, milk, seafood, legumes and nuts.

- **Vitamin A**, found in milk, cheese, eggs, fatty fish, yellow-orange fruits and vegetables, and dark green vegetables.
- **Vitamin B6**, found in muscle and organ meat, poultry, fish, wholegrains, brussel sprouts, green peas and beans.

## 3. All breast milk contains lactose

Lactose is the main sugar, or carbohydrate, in human milk. It makes up about seven per cent of every mother's breast milk and women cannot reduce this amount by eliminating dairy products from their diets.

People who are lactose intolerant have difficulty or are unable to digest milk sugars because they do not make sufficient amounts of lactase, an enzyme produced in the gut lining that breaks down lactose. It is a rare genetic condition that causes bloating, gas, abdominal pain and diarrhoea. Babies who suffer from it become dehydrated and cannot gain weight from birth. They require medical attention and must follow a special diet.

Mothers commonly confuse other allergies, in particular an allergy to cow's milk protein, with lactose intolerance. This is because food allergies can upset the baby's gut lining and temporarily wipe out or reduce the amount of lactase in their gut. This means the lactose in the mother's breast milk cannot be broken down and the baby suffers the symptoms of lactose intolerance. When the food that upsets the gut lining is removed from the mother's diet, the baby's gut heals and the symptoms should stop.

## 4. One in five breastfeeding women develops mastitis

Mastitis is an inflammation of the breast tissue caused by a blocked milk duct or by bacteria passing into the breast through a cracked nipple. Symptoms include a breast that is sore, red, swollen, hard or hot. Women may also experience a high temperature and develop flu-like symptoms. About 20 per cent of breastfeeding women in Australia develop mastitis, most frequently within the first six weeks after childbirth, however the condition can occur at any time.

Milk from a breast affected by mastitis is safe for the baby and one of the most important treatments for the condition is continued breastfeeding, which can help to clear blockages. However, if a woman experiences a high temperature or flu-like symptoms, she should consult her doctor as an infection has developed and she may require antibiotics.

# Anxiety after childbirth

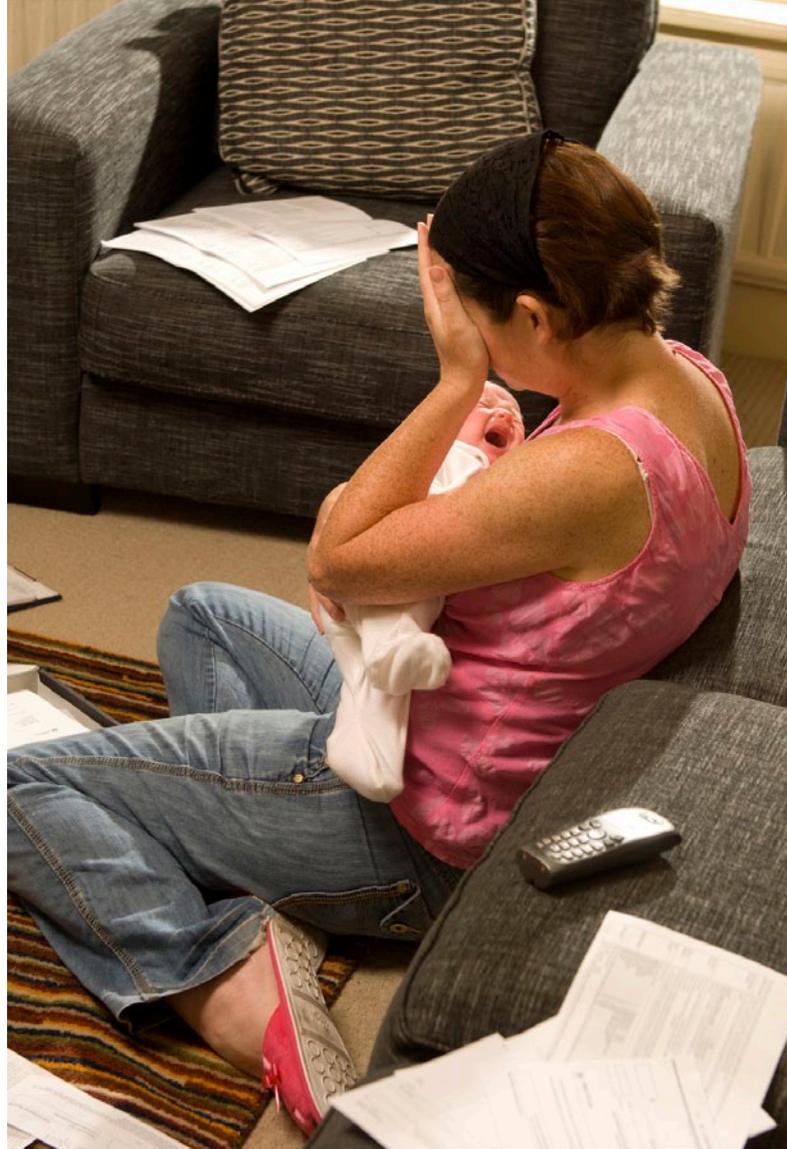
- For many new mothers feeling anxious
- is more common than feeling blue.

Most of us have heard of antenatal and postnatal depression (PND) where women develop depression during pregnancy or after childbirth. What is often not as well known is that women can also experience symptoms that are more anxiety-related than depression-related. In actual fact more women are affected by anxiety than depression at this time.

Anxiety is a normal human emotion that plays a vital role in dangerous situations. When we sense a threat our body undergoes a number of physiological changes including the release of large amounts of adrenaline and an increased heart and breathing rate. These changes prepare the body to fight or take flight from the threat. People who suffer from anxiety experience these changes when there is no real threat present, or they experience anxiety that is out of proportion to the actual threat.

## Symptoms

While it is normal for expectant and new mothers to feel some apprehension about their role as a parent, for women with anxiety, these fears and concerns become disruptive to everyday living. Typically they feel on edge, restless, irritable and have difficulty concentrating. Sleep disturbances, muscle tension, changes in appetite and/or weight are also common. Women may excessively worry about things including their health and/or the health of their baby and this may result in behaviours such as obsessive cleaning and/or checking on the baby. Women can also be affected by panic attacks, which are characterised by heart palpitations, sweating, hot flushes or chills, trembling, dizziness, shortness of breath and chest discomfort.



## Getting help

It is common for women to delay seeking help as the feelings they associate with PND (e.g., feeling down, crying) do not describe their situation. They may not realise their anxiety-related symptoms are also a trigger for seeking help, or recognise there is a problem. It may be necessary for a partner, family and/or friends to encourage them to seek assistance. In addition, pregnant women often assume they will feel better once they have the baby. However, the opposite is usually the case; the enormity of becoming a parent, caring for a dependent infant and sleep deprivation can all exacerbate anxiety symptoms.

Untreated anxiety can have an impact on the pregnancy and/or baby. Seeking help early is vital as it can contribute to a quicker recovery. Women can approach their general practitioner, obstetrician, child health nurse or midwife, and if the first health professional they talk to does not provide the assistance they need, they should know it is okay to talk to another.

## Recovery

Maintaining a **healthy diet** is important in restoring our mental and emotional health. Takeaway and processed foods should be minimised as they can be high in saturated fats, salt and sugar and low in essential nutrients. Women can instead look for quick and easy meal options that incorporate lean meats, wholegrains, low-fat dairy products and fresh fruits and vegetables. Choosing healthy snacks (e.g., fruit, low-fat yoghurt, raw nuts and seeds, wholegrain crackers) over highly processed foods such as biscuits, cake and chocolate is also a good idea. Women with anxiety symptoms can benefit from reducing their intake of stimulants such as alcohol, coffee, tea, cola and energy drinks as these can all exacerbate their symptoms.

Regular **exercise** is a great way to reduce the symptoms of anxiety. Exercise helps to metabolise the chemicals produced by the body when it is anxious, such as adrenalin. Exercise also produces endorphins that improve one's mood and sense of wellbeing.

One of the most commonly used treatments for anxiety is **cognitive behavioural therapy** (CBT). CBT is based on the concept that negative or self-defeating patterns of thought can affect mood and coping and that these ways of thinking can be unlearned. CBT aims to teach people to examine the thought patterns that contribute to their anxiety, replacing them with more realistic ones.

Medications may also form part of the treatment. **Antidepressants** treat anxiety by rebalancing the chemicals in the brain. There are lots of different types of antidepressants available and many are safe to take during pregnancy and breastfeeding. They can take several weeks to start having a therapeutic effect and side effects include nausea, diarrhoea, sleep disturbance, headaches, dizziness and reduced libido. Many of these side effects will settle within the first few weeks of use.

There are a number of **complementary therapies** that have been found to be useful for treating anxiety including passionflower, kava and combinations of amino acids, L-lysine and L-arginine. Those wishing to use complementary therapies should always inform their health professional as they can have side effects, interact with other treatments (i.e., prescription medications) or be unsafe to use during pregnancy/breastfeeding.

## Planning ahead

Women often dedicate considerable time to baby preparations such as choosing a stroller and outfitting the baby's nursery. There are, however, equally important preparations that women can do to improve their mental and emotional fitness.

Women can, for example, reflect on what is currently causing anxiety or stress and take steps to reduce these stressors before their baby is born. If a woman finds an untidy house a cause of stress she may find arranging for someone to do regular cleaning helpful. Similarly, if finances are a concern, doing a budget can be helpful. People may also wish to discuss putting their mortgage on hold for a length of time, a service offered by some lenders.

It is also important for women to reflect on activities that are sources of pleasure and/or relaxation. New mothers often withdraw from doing activities they used to find enjoyable, due to a lack of time and/or suitable childcare. Participating in activities, even if it is perhaps less frequently than before, allows women time for themselves. For more information on this topic see our *Looking After You* booklet, [www.womhealth.org.au/lookingafteryou.htm](http://www.womhealth.org.au/lookingafteryou.htm)

**Kirsten Braun**

## Further information

### Just Speak Up

[justspeakup.com.au](http://justspeakup.com.au)

Established by Beyond Blue, this website is specifically for antenatal and postnatal depression and anxiety. Women can find information and support and read others' stories.

## Christa's story

When I was pregnant with my first child, I was surrounded by information regarding postnatal depression or PND. There were posters at my obstetrician's office and articles in magazines alerting me to the signs and symptoms of PND. What no-one ever told me, though, was to be on the lookout for postnatal anxiety.

The first sign that should have been a red flag for me was my loss of appetite. After I came home from the hospital, I distinctly remember forcing myself to eat each bite of the delicious homemade meal that my mother made for my husband and I for our first night home as a family. I didn't want to hurt her feelings by not eating but my appetite was completely gone.

In addition to the loss of appetite, I was utterly overwhelmed with my new role. I couldn't imagine how I would be able to do this thing called 'mothering' for the next eighteen years and I wondered why anyone would have a second or third child, if this was how difficult parenting was going to be. Those first few weeks at home, I would hole up in my bedroom to breastfeed my son, take a nap, or escape from everyone. I read and re-read the stack of parenting books on my bedside table, in hope that somewhere I would find the answers for what to do with these thoughts and feelings that consumed me.

The parenting books were really a double-edged sword for me. Instead of being a source of helpful information, they were constantly making me feel as if I was doing things wrong because my baby wasn't responding the way their glowing anecdotes made it sound he would if I just followed their instructions.

I also felt like a prisoner in my own home. I was paralysed with fear at the thought of going out to run errands, and so I stayed home wondering if my life would always be like this; never feeling like I could take a leisurely trip to the book shop or the coffee shop. I worried about the baby crying in public and what I would do if I couldn't calm him. I worried about timing my errands with the schedule I was trying to create for both of us. I stressed about finding the time to get a haircut, paint my toenails, take a bubble bath. I was too wound up to relax and enjoy my time with my infant son.

If I had been able to receive help, either in the form of counselling or medication, I would have been able to enjoy that precious time. Instead, I look back at that time and remember nothing but intense worry, stress, anxiety and fear gripping my heart and mind as I questioned every move that I made as a new mum and feeling like I was drowning with no-one to help me.

If you find any of the experiences here describe how you or a loved one seems to be feeling as she navigates the world of new motherhood, please reach out for help. My hope is that as mothers, sisters, daughters and friends, we learn more about postnatal anxiety so that we can help ourselves and those around us.

*We sincerely thank Christa Connerat from One Cheap Mama ([1cheapmama.blogspot.com.au](http://1cheapmama.blogspot.com.au)) for allowing us to print an abbreviated version of her personal story of postnatal anxiety.*



## Could you be pregnant?

- Recognising these early signs could
- help you find out sooner, and benefit
- you in the long run.

When women aren't expecting to become pregnant they often don't realise, or put off confirming, they are until well into the first trimester or even later. This means they risk missing out on important antenatal care and if they decide not to continue with the pregnancy, it can limit their termination options.

### Why women might not know they are pregnant:

One of the telltale signs of pregnancy is a missed period. However, many women are not alarmed, or may not even notice, if they miss one. A woman's menstrual cycle is affected by diet, weight loss or gain, changes to exercise schedules, stress, illness, hormonal imbalances, uterine abnormalities, breastfeeding and some medications. If a woman normally experiences irregular periods for any of these reasons, she may overlook a missed period caused by pregnancy.

Some women experience spotting or light bleeding in the early stages of pregnancy. This is called 'implantation bleeding'. It generally occurs between six and 12 days after ovulation, when the fertilised egg attaches itself to the lining of the uterus. If a woman mistakes this for a period, she may not suspect she is pregnant until she misses her next expected period.

Similarly, it may take longer for a woman to realise she is pregnant if she conceives while tricycling the pill (running several packets together and omitting the hormone-free pills to avoid menstruating). Women on the pill risk ovulating if they miss some of their active doses, or don't properly absorb them (due to vomiting, diarrhoea, or the use of antibiotics). If this leads to pregnancy, a woman may not suspect she is pregnant until she next takes the hormone-free pills and doesn't experience a regular 'withdrawal bleed' (the normal, period-like bleeding that occurs between cycles of active doses).

### Early signs of pregnancy:

About seven days after the fertilised egg is implanted in the uterus, a hormone known as hCG (human chorionic gonadotrophin) is produced. This hormone stimulates a surge in oestrogen and

progesterone production. As a result, many women experience some or all of the following symptoms:

**Fatigue** – A woman's blood production, heart rate and breathing increase during early pregnancy, while her blood sugar levels and blood pressure drop. At the same time, high progesterone levels slow the metabolism. Combined, these changes can trigger feelings of overwhelming fatigue as early as one week after fertilisation.

**Breast changes** – From about week three, the breasts may become swollen and tender and the veins in the breasts may appear more obvious. By the end of the first trimester, the areolas (skin around the nipples) usually become larger and darker in colour. Some women also notice the appearance of Montgomery's tubercles (small, white, goose-bump-like spots) on their areolas.

**Morning sickness** – Despite its name, morning sickness can occur at any time of the day or night. The symptoms, which include nausea, vomiting and loss of appetite, generally begin about two weeks after fertilisation and subside about 12 weeks into pregnancy, although in some cases they can continue throughout pregnancy.

**Bladder changes** – Pregnancy causes an increase in body fluid and in blood flow to the kidneys. In turn, the kidneys produce larger amounts of urine. From about four to six weeks, it is common for pregnant women to experience an increased need to urinate.

**Food cravings and aversions** – It is not unusual for pregnant women to crave particular foods or to experience a sudden distaste for foods they previously enjoyed. Some women also develop an urge to eat non-food items such as soil, chalk or paper. This phenomenon is known as 'pica'.

**Uterine cramping** – Soon after implantation, a woman's uterus begins to enlarge to accommodate the pregnancy. As this happens, many women experience cramps that feel similar to menstrual cramps. Other women feel as though their uterus is 'full' or 'heavy', likening this to the sensation they experience prior to menstruation.

**Other** – The hormonal changes that occur during early pregnancy can affect a woman's mood. Feelings of irritability or tearfulness are common. During the first trimester some women may experience a sensitivity to smell and have trouble tolerating certain scents or

odours. From about six weeks, increased blood flow and high progesterone levels can cause nose bleeds, swollen or bleeding gums, and acne break-outs. Some women also experience headaches, dizziness, leg cramps and nasal congestion.

### Testing for pregnancy:

During early pregnancy, a woman's hCG levels rise rapidly. A pregnancy can be confirmed if this hormone is detected in either her blood or her urine.

Blood tests involve a doctor or nurse taking a blood sample and sending it to a laboratory for screening. It can take several days for results to come back. Home pregnancy tests look for hCG in a woman's urine. They take only minutes to show results and can be purchased at most pharmacies and supermarkets. Some can detect traces of hCG as early as 11 days after ovulation (about five days before a missed period), however hCG levels are often not high enough to show up by this stage. For accurate results, tests should be performed **after** the first day of a missed period.

### Why it is important to test early:

Technically, a pregnancy begins on the first day of a woman's last period, not at the moment when an egg is fertilised. This means that by the time most women miss a period and perform a positive pregnancy test, they are already more than four weeks pregnant. Finding out about pregnancy early means women can start receiving important antenatal care sooner. If they choose not to continue with the pregnancy, it means they have more options for termination.

### Continuing a pregnancy:

As soon as a woman confirms she is pregnant, she should make an appointment to see a doctor or midwife to start receiving antenatal care. Several antenatal tests are only available at specific times during a pregnancy and women need to book and prepare for them in advance, particularly if they need to travel to get to their doctor or midwife.

When a woman first discovers she is pregnant, her doctor or midwife will undertake a full blood analysis and examine her medical history. Any chronic health conditions (e.g., diabetes) must be monitored during pregnancy and any prescription medications the pregnant woman is taking (e.g., antidepressants) should be discussed.

Diet and nutrition are important during pregnancy. Doctors and midwives may recommend antenatal vitamins and folic acid supplements to assist with the healthy development of the baby and to help prevent neural tube defects. They often recommend certain foods be avoided and encourage women to stop drinking and smoking, discontinue using hormonal birth control methods and limit their exposure to harmful chemicals and x-rays. For more information, see our *Preconception and Pregnancy Health* fact sheet, available at [www.womhealth.org.au](http://www.womhealth.org.au).

### Terminating a pregnancy:

The location, availability and cost of terminating a pregnancy change as time progresses. In Australia, most abortions are performed in the first 14 weeks of pregnancy. Abortion is a procedure that involves the removal of the fetus or embryo from the uterus, often involving surgery. Non-surgical, or medical, abortion is a cheaper, less-invasive alternative to surgical abortion, however it can only be performed on women who are less than nine weeks pregnant and in good health.

A medical abortion involves the woman taking mifepristone (also known as 'RU486' or the 'abortion pill') to block the action of progesterone. Since high levels of progesterone are needed to sustain a pregnancy, this results in miscarriage. The procedure doesn't require anaesthesia or a surgeon however very few doctors are registered to administer it in Queensland. For more information about unplanned pregnancy options, visit [www.childrenbychoice.org.au](http://www.childrenbychoice.org.au).



## Apps

### Know Your Own Skin

Skin cancer accounts for four of every five cancers diagnosed in Australia annually, and about two-thirds of us will develop the disease by the age of 70. This app teaches you how to check your skin for sun damage and encourages you to photograph skin lesions and track their changes to help prevent skin cancer developing. *Available for iPhone users only.*

### Mum's Manual

Packed with advice and hindsight from experienced mothers, this app makes the postnatal period easier for first-time mums. Designed to be downloaded on the day your baby is born, it provides daily tips and then weekly words of wisdom until your baby's first birthday to encourage your emotional and physical wellbeing. *Available for iPhone and Android users.*

## Weighing up food risks during pregnancy

Researchers at the University of Newcastle have found that many Australian women are missing out on important nutrients during pregnancy because they follow the Australian Government's dietary recommendations by avoiding foods that could contain *Listeria*.

The study, which was published in *Public Health Nutrition* in March, examined the nutrient intake of more than 7000 Australian women. It found that women who frequently ate foods potentially carrying the bacteria *Listeria Monocytogenes* (e.g., raw meat, unpasteurised milk, soft cheeses, pre-packaged salads, delicatessen meats and raw fruit and vegetables), had a 20 per cent higher chance of miscarrying, however these women also had the highest intakes of nutrients essential for a healthy pregnancy.

According to the researchers, the dietary recommendations need to be reviewed to encourage pregnant women to consume more nutrients. "The recommendations need to include the list of 'risky' foods, but should focus on giving women low-risk alternatives to help them meet their optimal nutrient targets," said lead researcher Professor Clare Collins. "Women need to know how to balance opposing risks. We want them to feel confident about the foods they choose so they minimise the risk of Listeriosis while giving their baby the best possible start to life."



## Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column features answers to some of the most commonly asked questions.

**Q: I have just been diagnosed with gestational diabetes. What does this mean?**

**A:** Diabetes is a condition characterised by high glucose levels in the bloodstream. When it begins or is first recognised during pregnancy, it is called gestational diabetes. Usually the condition appears after 24 weeks of pregnancy and resolves after childbirth, and most pregnant women are screened for it between 26 and 28 weeks.

Glucose is a simple sugar (obtained from the carbohydrates we eat) that is used as fuel by the body. Following digestion, glucose is helped into the body's cells by the hormone insulin. During pregnancy, the body's need for fuel or energy is increased and women need to produce extra insulin to shift glucose into their cells. However, during pregnancy hormones that partially block this action are also produced, causing cells to 'resist' insulin.

Women who develop gestational diabetes are either unable to produce enough insulin or unable to overcome this insulin resistance. As a result, glucose builds up in their bloodstreams. High blood glucose levels can cause many health problems during pregnancy including hypertension (high blood pressure) and pre-eclampsia, and the risk of birth complications increases.

The excess glucose in the mother's bloodstream crosses the placenta and causes the fetus to produce high levels of insulin. This leads to increased energy, growth and fat storage, and babies become large as a result. To deliver these babies, women are more likely to require induction or caesarean section. They also have an increased incidence of bladder infections during pregnancy. Women with gestational diabetes also risk preterm delivery, which means their infants could be underdeveloped at birth. These babies may have breathing problems and will need to be monitored closely, often in special care nurseries.

Managing diabetes requires following a high-fibre and low-glycaemic (low GI) diet (with ample vegetables, legumes, wholegrains and fruit). Sugary foods and saturated fat are best avoided and small regular meals are recommended so that carbohydrate consumption can be spread throughout the day. Regular exercise also plays an important role. Exercise helps glucose enter cells for energy use, reducing blood glucose levels and helping cells respond to insulin. Women who are unable to manage their blood glucose levels through diet and exercise may also require medication such as insulin injections.

Women who experience gestational diabetes are at increased risk of developing diabetes in subsequent pregnancies, or of developing Type 2 diabetes in the future. Their offspring also have a higher risk of developing diabetes. For both mothers and children, the best protection against developing diabetes in the future is following a nutritious diet, exercising regularly and maintaining a healthy weight.

call our **Health Information Line**

A free information and referral service for Queensland women

**3839 9988**  
**1800 017 676**  
(toll free outside Brisbane)

Staffed by nurse/midwives