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# IMPROVING MY HEALTH

AFTER A PREGNANCY  
COMPLICATED BY  
GESTATIONAL DIABETES





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## WHAT IS GESTATIONAL DIABETES?

Gestational diabetes is a type of diabetes that develops during pregnancy which involves an increase in blood-glucose levels (blood-sugar levels). It occurs during the second half of the pregnancy (2<sup>nd</sup> and 3<sup>rd</sup> trimesters). Gestational diabetes affects

**5 to 20 percent of pregnant people**, depending on their ethnic origin. Other factors also increase the risk of developing gestational diabetes.

In 90% of cases, gestational diabetes resolves after delivery. However, someone who has had gestational diabetes is at significant risk of developing type 2 diabetes in the years that follow. Their child is at risk of suffering from obesity and diabetes during adolescence or adulthood

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## WHY DID I HAVE DIABETES DURING MY PREGNANCY?

### UNDERSTANDING GLUCOSE METABOLISM

Insulin is secreted by the pancreas to regulate blood glucose (sugar) levels. Gestational diabetes is caused by the anti-insulin effect of placental hormones. This is often referred to as «insulin resistance».

These hormones reach their peak during the second half of the pregnancy (2<sup>nd</sup> and 3<sup>rd</sup> trimesters).

People normally compensate for the hormonal effect by secreting more insulin. That enables blood-glucose (sugar) levels to remain at normal levels. Gestational diabetes occurs when the pancreas can no longer produce sufficient insulin to counter the surplus hormones.

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## WHAT ARE THE RISK FACTORS?

Some people are at more at risk of developing gestational diabetes.

Risk factors include:

- Being over 35 years of age;
- Being overweight before the pregnancy;
- Having relatives with type 2 diabetes;
- Having previously given birth to a baby weighing more than 4 kg (9 lb);
- Having had gestational diabetes during a previous pregnancy;
- Belonging to an ethnic group at high risk of developing diabetes;
- Having Indigenous, Latin American, Asian or African ancestry;
- Having previously had abnormally high blood-glucose levels, such as a diagnosis of glucose intolerance or prediabetes;
- Regularly taking cortisone-based medications;
- Having polycystic ovary syndrome;
- Having thickened or brownish pigmentation on the neck or under the arms (acanthosis nigricans).



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## WHAT DOES HAVING HAD GESTATIONAL DIABETES INVOLVE FOR A SUBSEQUENT PREGNANCY AND THEREAFTER?

Those who have had gestational diabetes are at greater risk of developing:

- gestational diabetes in a subsequent pregnancy;
- type 2 diabetes in the long term (70% probability of becoming diabetic within 20 years following delivery).

### **BREASTFEEDING**

Breastfeeding is indicated for all people, including those who have had gestational diabetes. Breastfeeding may even protect you and your baby from diabetes later in life. Nursing a baby also helps you to lose the weight gained during the pregnancy and helps to achieve a healthy weight.



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## HOW CAN YOU REDUCE THE RISK OF RECURRENCE OF GESTATIONAL DIABETES IN A SUBSEQUENT PREGNANCY?

### BEFORE THE PREGNANCY

- If you are overweight, you should try to achieve a **healthy weight** to the greatest extent possible. Excess weight is one of the most important **modifiable** risk factors.
- In general, before considering another pregnancy, it is best to return to your pre-pregnancy weight.
- It is recommended that you begin taking 1 mg folic acid supplements per day at least 3 months before becoming pregnant. You should continue taking them until 12 weeks into your pregnancy.

### DURING THE PREGNANCY

- What matters most is maintaining a **healthy diet** and doing **regular exercise** throughout the pregnancy. Ideally, aim for 150 minutes (2.5 hours) of physical activity per week.
- Since you are at greater risk of having gestational diabetes, you will undergo **early screening** before the 20<sup>th</sup> week of your pregnancy. If the test result is negative, a second screening will take place between 24 and 28 weeks into your pregnancy to confirm that you have not developed gestational diabetes.

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## IF I HAD DIABETES DURING MY PREGNANCY, WHY IS IT IMPORTANT THAT I KNOW THE RISKS FOR MY FUTURE HEALTH?

Diabetes is a disease that can lead to many long-term complications. Someone who has had diabetes may go for years without experiencing any symptoms. During that period, the excess sugar (glucose) that the body is unable to manage will attack the organs. The damage caused is often permanent.

### THE RISKS OF UNCONTROLLED DIABETES

- Loss of vision
- Diseases affecting the heart and blood vessels
- Kidney damage
- Nerve damage: pain or loss of sensation
- Amputation (if diabetes is the main cause)

### IMPORTANT INFORMATION

**Cardiovascular diseases (heart and stroke problems) are the leading cause of death among adult women. As with diabetes, several years may go by without symptoms until the disease progresses to an advanced stage and causes a heart attack or paralysis, which can have severe health consequences.**

### TYPE 2 DIABETES SYMPTOMS

- Excessive thirst
- Frequent urination, even during the night
- Fatigue
- Irritability
- Loss of concentration
- Headache

## RISK FACTORS ASSOCIATED WITH TYPE 2 DIABETES

- Heredity (family history)
- Polycystic ovary syndrome
- Tobacco use
- Chronic high blood pressure
- Gestational diabetes
- Excess weight and obesity
- Cholesterol
- Lack of exercise

Heredity is an important risk factor; unfortunately, it cannot be modified. However, by modifying other risk factors starting now, diabetes and its consequences can be prevented or slowed down in **80%** of cases.

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## WHAT CAN I DO TO IMPROVE MY ODDS FOR LONG-TERM HEALTH?

### IMPROVE MY LIFESTYLE HABITS

Good nutrition combined with **regular physical** activity will enable you to improve your health long-term. Avoid diets during the first few weeks following childbirth or while breastfeeding. To the greatest extent possible, aim to return to your pre-pregnancy weight within **6 to 12 months** after delivery. Breastfeeding can help you to lose weight.

Do not underestimate the effect of lifestyle habits: They can **cure** diseases such as diabetes or hypertension (high blood pressure).

## DO PHYSICAL ACTIVITY

Moderate-intensity physical activity is recommended several times per week. The goal is 150 minutes (2.5 hours) per week, in sessions of at least 15 minutes at a time, on at least 3 occasions.

### PHYSICAL ACTIVITY INTENSITY LEVELS

**Low intensity: a comfortable and relaxed pace  
(e.g.: walking, stretching, housework)**

- You feel your heart beating a bit faster, but you are breathing normally.
- You do not feel hot.
- You are able to speak during the activity.

**Moderate intensity: you feel like you are working out  
(e.g.: speed walking, yoga, cycling)**

- Your heart is beating faster and you are breathing faster.
- You feel hot and are perspiring.
- You want to speak, but you must catch your breath after a few sentences.

**Vigorous intensity: you are working out really hard  
(e.g.: running, aerobics class, mountain biking)**

- Your heart is beating rapidly and you are breathing rapidly.
- You are sweating.
- You have difficulty speaking.

Adapted from «The motHERS Program»

## ADOPT GOOD NUTRITION HABITS

**Canada's Food Guide** recommends a diet that is healthy and varied, which generally corresponds to a **single plate filled half with vegetables and fruits, a quarter of protein food, and a quarter whole grain food.**

Following the Guide's recommendations is usually sufficient for most people to lose weight and to improve their health status.

### *Recommendations of Canada's Food Guide*

Have plenty of  
vegetables and fruits

Eat protein foods

Make water  
your drink  
of choice

Choose  
whole grain  
foods

For chronic hypertension, adopt the DASH diet (Dietary Approach to Stop Hypertension):

- Eat less salt.
- Eat more vegetables.
- Avoid fats.
- Eat red meat 2 times (twice) a week max.
- Avoid sweetened beverages.
- Drink water, or 0% or 1% milk.

## KNOW YOUR FAMILY'S MEDICAL HISTORY

By giving your health care professional a detailed account of your family's medical history, he can better monitor you and try to prevent your family's medical issues.

## DO NOT SMOKE

Smoking is a very significant risk factor for cardiovascular disease, and certainly the most important one that we can **modify**. By quitting smoking, you will also protect your child by preventing exposure to **second-hand smoke**. What a great opportunity to give your family a life without smoke!

## VISIT YOUR HEALTH CARE PROFESSIONAL REGULARLY

**Yearly or biyearly visits** enable your professional to measure your blood pressure and cholesterol levels, and screen for diabetes. You can also get help to lose weight or to stop smoking.

If you have any questions about diabetes, speak to your health care professional at your next consultation.

**If you have not succeeded in changing your eating habits and in engaging in regular physical activity by the time your baby is 6 months old, you should ask for assistance (health professional, nutritionist, trainer, support group, etc.).**

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## WHERE SHOULD YOU GO?

If you **don't have a family doctor**, make an appointment for a preventive health checkup at the **Clinique de transition** at your CLSC.

Mention that you need a cardiovascular risk assessment and a screening for type 2 diabetes because you have a history of gestational hypertension, preeclampsia, or HELLP syndrome.

### To make an appointment at the Clinique de transition

Sherbrooke: call 819-780-2220, ext. 44078

Elsewhere in Estrie: call your CLSC and request a self-referral to the Clinique de transition

### USEFUL REFERENCES

- Canada's food guides | [food-guide.canada.ca/en/](http://food-guide.canada.ca/en/)
- Diabetes Québec | [diabete.qc.ca/en/](http://diabete.qc.ca/en/)
- CBC/Radio-Canada, website «Live right now» | [cbc.ca/liverightnow/tools](http://cbc.ca/liverightnow/tools)
- Dietitians of Canada | [dietitians.ca](http://dietitians.ca)
- Quit smoking | [defitabac.ca](http://defitabac.ca) and [iquitnow.qc.ca](http://iquitnow.qc.ca)
- L'école du diabète de Diabète Québec (French only) | <https://bit.ly/4xzhKGv>

## Notes

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## **Author and revision**

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