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|  | **DIETARY MANAGEMENT OF**  **GESTATIONAL DIABETES** |
| **Made by S. Maryam Kazim on 26th April 2012 as a part of course no ---Of BS HE**  **under the guidance of Prof. Dr. Rubina Hakeem (RH)** |

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| **DESCRIPTION OF THE DISEASE/ DISORDER**  Gestational diabetes mellitus (GDM) is defined as any degree of glucose intolerance with onset or first recognition during pregnancy  Screening for gestational diabetes (GDM) should be done between the 24th and 28th weeks of pregnancy for women at high risk for glucose intolerance  **images.jpgWho Are At Risk Of Gestational Diabetes?**   * ≥ 25 years of age * Having pre pregnancy BMI ≥ 27 * Family history of diabetes in first degree relatives. * History of previous child with birth weight > 4 kg(8.8 lb) * Increased levels of gestational hormones.   Blood glucose levels return to normal after delivery in 97% of all women with GDM. |
| **CAUSES OF THE DISEASE/ DISORDER**  Increased levels of gestational hormone (i-e human placental lactogen, serum cortisol, progesterone and estrogen) may result in a decreased sensitivity to insulin. |
| **NUTRITIONAL CONSIDERATIONS**   * **PROTEINS:** Eat 4 to 6 ounces of meat or other protein foods each day. Choose low fat sources * **FATS:** Eat very little or no trans fat. These unhealthy fats are found in all foods that list “partially hydrogenated” oil as an ingredient * Eat very little saturated fats. * **CARBOHYDRATES:** Complex carbohydrates are required so that they will breakdown slowly and glycemic index will maintain proper. * **FIBER:** Eat foods with high fiber * **VITAMINS:** Folic acid is required prior to conception * **MINERALS:** NA * **FLUID REQUIREMENTS:** NA * **ENERGY REQUIREMENTS:** Additional 300 calories/day is recommended during the second and third trimesters of pregnancy but still energy needs are highly individualized |

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| **DIETARY CONSIDERATIONS**   * Take small, frequent meals with between meals snacks. * A snack before bedtime Is very important to decrease the possibility of over night low blood sugar level i-e hypoglycemia * If you find your blood glucose highest in the morning then you should reduce your intake of breakfast carbohydrates (such as eating boil egg with toast instead of oat meal) * Never skip any meal specially breakfast * Increase your intake of complex carbohydrates and reduce simple and refined ones such as whole wheat chapati instead of refined flour chapatti or naan * Carbohydrate counting is very important in maintaining your blood glucose level. Most carbohydrates come from 5 servings of fruits and vegetables, 3 servings of whole grains and 2 to 4 servings of milk products * Eat meat without fat i-e lean meat. * Mix meals should be taken. * Avoid butter, cream, and high-fat meats. * Learn to read labels, you can do that by the following way * Look first at the label’s standard serving size * Divide the total amount of carbohydrates with 15. This number equals the number of carbohydrate servings in 1 standard serving. | | |
| **Do’s** | **Moderation** | **Don’ts** |
| * Check your blood glucose level regularly. * Meals must be taken in small quantities. * Take complex carbohydrates. | * Low fat | * Never skip any meal specially breakfast * Don’t eat too much eat time |
| **FOOD AND DRUG/ DISEASE INTERACTIONS ORTREATMENT SIDE EFFECTS**  Supplementary folic acid (0.4-1.0mg) is recommended prior to conception and during the early weeks of pregnancy to reduce the risk of neural tube defects in offspring of women with diabetes. | | |
| **References used:**  1.Manual of Clinical Dietetics (6th edition) **BY** American Dietetic Association  2.Nutrional Care Management | | |
| **Sources of further information:** | | |