

Nutritional advices for women with gestational diabetes

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Nutritional advices for women with gestational diabetes

Gestational diabetes often develops between the 24th and 28th week of pregnancy. This type of diabetes often disappears after the baby is born. This brochure provides information on gestational diabetes. What is it, how will it be diagnosed, and what does it mean for you?

What is gestational diabetes?

When you suffer from diabetes, the control over the blood sugar level in the blood is disturbed. The level of sugar (glucose) in the blood is controlled by a hormone called insulin. Insulin enables body cells to absorb glucose. Diabetes is diagnosed when the laboratory has established that the glucose level (amount of glucose in the blood) is too high. During pregnancy, it is important that the blood glucose level stays within a normal range as much as possible.

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How does gestational diabetes arise?

During pregnancy, you need more insulin to process the sugar from your diet. This is partly due to a change in your hormonal balance. Sometimes the pancreas is no longer able to cope with this increased demand for insulin, resulting in blood sugar levels that are too high. That is what we call gestational diabetes. Usually this only occurs after the twentieth week of pregnancy. Approximately one in fifteen pregnant women will get gestational diabetes.

Who is at risk?

Gestational diabetes can happen to any pregnant woman, but you are more likely to get gestational diabetes:

- if you are overweight;
- if you have a first-degree family member who has diabetes;
- if you are of Hindu, Moroccan or Turkish origin;

- if you had gestational diabetes during a previous pregnancy;
- if you have given birth to a baby with a birthweight of 4000 grams or more.

Signs of gestational diabetes are:

- being very thirsty, particularly at night;
- needing to go to the toilet frequently;
- your baby being clearly much bigger than is normal for the particular stage of pregnancy.

However, there are usually no symptoms and you don't notice anything.

Consequences of gestational diabetes

Normally, your body would compensate for a reduced effect of insulin by producing extra insulin. This does not happen or happens insufficiently when you suffer from gestational diabetes. That is why your blood glucose level rises too high. Most often, you will not suffer complaints from that in the short term. However, it is important to maintain your blood glucose level at normal values in view of the development of your unborn baby.

Consequences for the baby

The baby receives nutrients from the mother's blood through the placenta. If the mother's blood glucose level is too high, this immediately leads to high glucose intake by the baby. This may have several consequences:

- It may harm growth of the baby to an extent that it leads to an increased risk of excessive birthweight (macrosomia);
- Strong fluctuations in blood sugar levels may result in slower maturing of the baby's lungs;

- Excessive birthweight may cause extra problems during labour. Furthermore, evidence shows that children with high birthweights may run a higher risk of developing diabetes later in life. - High glucose levels during the last stage of pregnancy will lead to high insulin production by the baby. After giving birth, the supply of glucose from the placenta is cut off. As such, your baby runs a higher risk of developing a blood glucose level that is too low, which may cause problems for the baby. Proper and timely improvement of the mother's blood glucose level may limit these risks.

Treatment during pregnancy

The treatment depends on the values that are recorded after the examination by means of self-tests of the blood glucose level. Most often, adjusting your diet in consultation with a dietician will suffice. In some cases, insulin injections are required to achieve the target blood glucose range.

Nutritional advices

The most important advices for gestational diabetes include:

1. *Avoid fast and liquid sugars*

These type of sugars are absorbed quickly into the bloodstream, which leads to a high blood glucose level. Examples of products that contain fast, liquid sugars are soft drinks, lemonade, fruit juices and sugar in your coffee or tea. Also do not take light fruit juices. Fruit juice is made from fruit, which means it is still fruit sugar.

- **Allowed:** water, tea, coffee, sugar free lemonade (e.g. Slimpie, Burg limo light, Teissiere), light soda (e.g. cola light/zero, Fanta light, Crystal Clear, Rivella)
- ### 2. *Spreading the amount of carbohydrates*

Ensure regularity in the amount and in the spread of carbohydrates throughout the day. Very accurate calculations are not necessary and sugar-free food is not necessary.

3. *Eat and drink enough*

A good and varied diet is especially important during pregnancy, both for yourself and for the baby. So do not eat and drink less and less to keep your blood glucose levels good. This can lead to blood glucose levels that are within the limit. However, this could also lead to a deficit nutrient intake. You need a certain amount of food per day to get all the vitamins, minerals and energy you need.

Exercise

Exercise helps to control the blood glucose. Through movement, glucose from the blood is absorbed by the muscles, where it is used as energy. Exercise can also improve insulin sensitivity. As a result, blood glucose drops. With gestational diabetes, it is recommended to exercise 30 minutes a day at low exercise levels. Think of cycling, walking, yoga or swimming, depending on what is possible and feels good for you.

Questions?

If you still have questions after reading this brochure, please contact the dietitians at the Nij Smellinghe hospital.

The Dietetics department can be reached for more information on telephone number (0512) 588642.

Monday to Friday from 09:00-09:45 and from 13:30-14:00.

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