



Gestational Diabetes Guide

If you are viewing this information, you or a loved one may have been diagnosed with Gestational Diabetes (GDM) by your doctor. First and foremost, we want you to know that having GDM doesn't mean you did something wrong or that you'll always have diabetes.

We have created this resource to answer some questions you might have and to **provide you with guidance** until you are able to meet with our registered dietitian.



What is Gestational Diabetes (GDM)?

Gestational diabetes is a type of diabetes that develops in pregnancy and was not diagnosed prior to pregnancy. It typically occurs around the 22-26th week of pregnancy.

A hormone called insulin breaks down glucose (sugar) from food and delivers it to our cells. Insulin keeps the level of glucose in our blood at a healthy level. But if insulin doesn't work right or we don't have enough of it, sugar builds up in the blood.

During pregnancy, hormones can interfere with the way insulin works. It may not regulate your blood sugar like it's supposed to, which can lead to gestational diabetes.



Gestational diabetes affects up to 18% of all pregnancies.
So, you are not alone!



Why Do I Have GDM?

There are several risk factors that are associated with gestational diabetes. However, there are cases where you may **not** have any of these risk factors and are still diagnosed. Additionally, there are also cases where you could have several of these risk factors and never be diagnosed with GDM.



Risk Factors:



- Being overweight
- Increasing maternal age
- History of GDM
- History of large gestational age baby
- Diabetes in a close relative
- Belonging to a certain ethnicity such as African American, Asian American, Hispanic, Pacific Islander or American Indian

What Happens If I Cannot Manage My Blood Sugar?

If left untreated, gestational diabetes can lead to complications for both you and your baby.

If GDM remains uncontrolled, you are at higher risk for:

- Having a large baby, harder delivery, and increased chance of C-section
- Preterm birth
- NICU stay for baby
- Low blood sugar for the baby once born
- Jaundice for the baby once born
- Preeclampsia for mom
- Developing diabetes, heart disease, or having a stroke later in life for mom
- The baby developing obesity and diabetes later in life



Will I Need Medication?

Most individuals will **NOT** need medication to manage their blood glucose with GDM. The most successful and effective way to manage your diagnosis is with proper nutrition and physical activity. Your physician and dietitian will work as a team to help you keep your blood sugar levels in target range.

If you have given diet and exercise all of your best effort but find you are still struggling to keep your blood sugar in target range (see page 9 for target range values) your physician may decide to add medication (as an oral agent or insulin) to help lower your glucose. Your physician will discuss medication options with you.



Should I Stop Eating All Carbs?

NO! Although it may seem intuitive to cut out foods that raise blood sugar, carbohydrates (carbs) are an important energy source for both mother and baby.

They should be managed, **NOT** eliminated.

When managing blood sugar, it is most important to pay attention to the **type** and **amount** of carb consumed at meal time. This information along with a personalized meal plan will be provided at your appointment with our registered dietitian. In the meantime, you can use the sample menu (page 8).

A Tip to Control Blood Sugar Spikes

A great way to decrease a blood sugar spike is to pair your carb with a protein. Since the carb now has to share entry into the blood stream with a protein, it will enter slower than if it were it to be eaten alone.



Carbs



Protein



Level Blood
Sugar

How to Read a Nutrition Label

For packaged foods, you can figure out how many carbs are in the food by looking at the Nutrition Facts Label.

To count carbs look at these three things:

- Serving size
- Number of servings per container
- Grams of carbohydrate per serving

Nutrition Facts	
About 19 servings per container	
Serving size	About 12 chips (28g)
Amount per serving	
Calories	150
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	6%
<i>Trans Fat</i> 0g	
Cholesterol 0mg	0%
Sodium 210mg	9%
Total Carbohydrate 18g	6%
Dietary Fiber 1g	4%
Total Sugars less than 1g	
Protein 2g	
Vitamin D 0mcg	0%
Calcium 40mg	2%
Iron 0.3mg	0%
Potassium 50mg	0%
Not a significant source of added sugars.	
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

There are 19 servings in the whole package

One serving for this product is 12 chips

One serving, which is 12 chips, provides 18g of carbohydrates



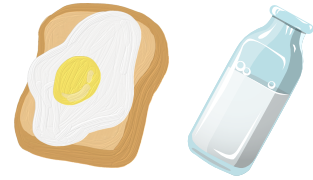
To learn more about Nutrition Facts Labels, you can click [here!](#)



Sample Menu

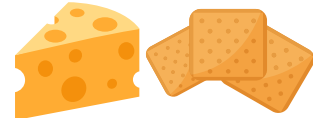
Breakfast (2) carbs = 30 grams of carbs

- 1 slice whole wheat toast (1 carb)
- 1 egg
- 1 cup low-fat milk (1 carb)



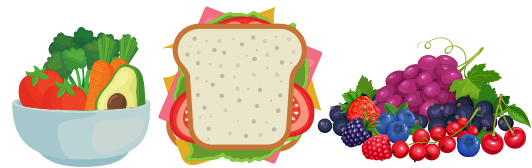
Snack (1) carb = 15 grams of carbs

- 4-6 whole wheat crackers (1 carb)
- 1 ounce cheddar cheese



Lunch (3) carbs = 45 grams of carbs

- 2 slices whole wheat bread (2 carbs)
- 3 ounces grilled chicken breast
- lettuce and tomato
- 1 cup raw veggies
- 1 cup berries (1 carb)



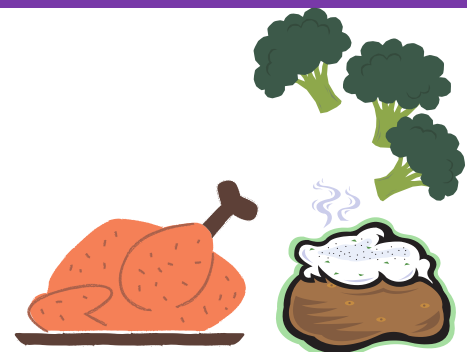
Snack (1-2) carbs = 15-30 grams of carbs

- 2 tablespoons peanut butter
- 1/2 banana (1 carb)
- 3 cups popcorn (1 carb)



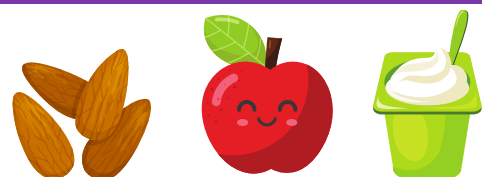
Dinner (3) carbs = 45 grams of carbs

- 4 ounces skinless chicken breast
- 1 medium baked potato (2 carbs)
- 2 tablespoons reduced-fat sour cream
- 1 cup broccoli salad
- 1-2 tablespoons salad dressing
- 1 cup low-fat milk (1 carb)



Snack (1-2) carbs = 15-30 grams of carbs

- 1 small apple (1 carb)
- 16 almonds
- 1 carton Light Greek Yogurt



Click on underlined products for more selections



Additional Resources

For the full **Diabetic Exchange** click [here](#).

For our **Fork Friendly Grocery Product Exchange Guide** click [here](#).



Signs Your Meal Plan is Working:

- Your blood sugar levels are staying within target ranges (see below)
- You are gaining weight appropriately



Target Range for Glucose:

- Fasting (70-95 mg/dl)
- 2 hrs after meal (70-120 mg/dl)
- 1 hr after meal (70-130 mg/dl)



To schedule an appointment with our registered dietitian, visit us online at: BVWC.com or call our office: (979) 776-5602