healthy eating for gestational diabetes

Gestational diabetes occurs in 5–8% of Australian women during pregnancy. It happens because the changing hormone levels in the body have altered the body's requirement for insulin. Gestational diabetes usually goes away after the baby is born. However it does increase the risk of getting type 2 diabetes later in life. This information sheet gives advice on healthy eating and is to be read in conjunction with the *Gestational Diabetes* information sheet.

How healthy eating helps

Following a healthy eating plan will assist in:

> managing your blood glucose levels within the target range advised by your doctor

> providing adequate nutrition for you and your growing baby

> achieving appropriate weight gain during your pregnancy.

What foods should I eat?

Carbohydrates

Carbohydrate foods are broken down into glucose and used for energy. They are very important for you and your baby. To help manage your blood glucose levels, it is important to spread your carbohydrate foods over 3 small meals and 2–3 snacks each day. Foods containing carbohydrate include:

- breads and breakfast cereals
- pasta, rice and noodles
- starchy vegetables such as potato, sweet potato, corn, taro and cassava
- legumes such as baked beans, red kidney beans and lentils
- fruit
- milk, yoghurt, dairy desserts and calcium fortified soy milk.

Carbohydrate foods that contain little nutritional value include sugar (sucrose), soft drinks, cordials, fruit juices, lollies, cakes and biscuits. It is wise to avoid these foods.

In some instances, women may be eating the right amount and type of carbohydrate foods for their body, but still have high blood glucose levels. If this happens, it is important not to cut back on carbohydrates. Some women's bodies require a little extra help to manage blood glucose levels and insulin may be needed.

To effectively manage diabetes in pregnancy, it is important to control your blood glucose levels by maintaining a healthy diet and doing regular moderate intensity physical activity in consultation with your doctor.

Fat

Try to limit the amount of fat you eat, particularly saturated fat. Use healthy fats like canola, olive and polyunsaturated oils and margarines, avocados and unsalted nuts. To limit your saturated fat intake, select lean meats, skinless chicken and low fat dairy foods and avoid takeaway and processed foods. While fat does not affect your blood glucose levels directly, if eaten in large amounts, all fats can cause extra weight gain which can make it more difficult to control blood glucose levels.

Protein

Include 2 small serves of protein each day as protein is important for the growth and maintenance of the body. Protein foods include lean meat, skinless chicken, fish, eggs and reduced fat cheese. These foods do not directly affect your blood glucose levels. While milk, yoghurts, custards and legumes are important sources of protein, remember they also contain carbohydrate.

Calcium and iron

Calcium and iron requirements are increased during pregnancy. Include 3 serves of low fat calcium rich foods each day (1 serve = 250ml low fat milk or calcium fortified soy milk, 200g of yoghurt or 2 slices (40g) of reduced fat cheese). The iron from red meat, chicken and fish is readily absorbed. However, if you are a vegetarian or do not eat these foods regularly, an iron supplement or pregnancy multivitamin may be required. Discuss this with your doctor or dietitian.

Other dietary considerations

- Nutritious foods that will not cause excess weight gain or cause your blood glucose levels to go up can be eaten freely. These foods include low carbohydrate fruit such as strawberries, passionfruit, lemons and limes and low carbohydrate vegetables such as salad, stir fry or green vegetables.
- Try to include at least 5 serves of vegetables each day.
- Continue to avoid those foods that put you at risk of contracting listeria. If you have a family history of food allergies or intolerances, discuss this with your doctor as it may be advisable to avoid certain foods during your pregnancy.

What can I drink?

Choose mainly water, plain mineral water and soda water – try it with fresh lemon or lime for something different.

Can I use artificial sweeteners?

All alternative sweeteners available in Australia have been thoroughly tested and approved by Food Standards Australia and New Zealand (FSANZ) and are considered safe to eat. Sweeteners including Aspartame (Nutrasweet, Equal) (951) and Sucralose (Splenda) (955) can be used in small amounts during pregnancy. If concerned, speak to your dietitian.

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Does it help to keep active?

For women with gestational diabetes, moderate intensity physical activity can help to manage blood glucose levels. 'Moderate' means a slight but noticeable increase in breathing and heart rate. If there are no specific obstetric or medical conditions, you should be able to safely exercise during pregnancy. However, it is best to discuss this with your doctor, especially if you weren't regularly exercising prior to your pregnancy or your diagnosis of gestational diabetes.

Suggested meal plan

The following meal plan offers guidance about what to eat. However it is a basic guide only. For more specific advice about what's right for you, speak to your dietitian.

BREAKFAST – CHOOSE FROM:

1/2 cup **untoasted muesli//rolled oats** (raw)

OR

1 cup **Guardian**/Just Right/**All Bran**

OR

1–2 slices of toast (choose **multigrain**, **soy & linseed**, wholemeal, lower GI white, **heavy fruit bread**) topped with avocado, poly or monounsaturated margarine or a thin spread of peanut butter

OR

1 slice of toast with 1/2 cup **baked beans**
PLUS
250ml **low fat milk**, or 100g **low fat fruit yoghurt** or 200g artificially sweetened **yoghurt**

MORNING TEA – CHOOSE FROM:

1 serve of fruit (1 serve = 1 **apple**, 1 small **pear**, 1 small banana, 2 kiwi fruit, 4 apricots, 1/2 cup canned fruit (in natural juice), 1 1/2 tbs sultanas)
PLUS
4 Vita Weats, 1/2 multigrain English muffin or 1 slice toast with a small amount of reduced fat cheese

LUNCH – CHOOSE FROM:

Lean meat or tuna or salmon or fresh chicken or egg or reduced fat cheese with plenty of salad or cooked vegetables (other than potato and corn)
PLUS
2 slices of bread or 1 medium bread roll or 2/3 cup cooked rice (Basmati/**Doongara**) or 1 cup cooked **pasta/noodles**
PLUS
1 serve of fruit

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AFTERNOON TEA – CHOOSE FROM:

250ml **low fat milk** or 100g **low fat yoghurt** or 200g artificially sweetened **yoghurt**
PLUS
1 slice **heavy fruit loaf** or 1 crumpet or 1/2 multigrain English muffin

DINNER – CHOOSE FROM:

2/3 cup cooked rice (Basmati/**Doongara**) or 1 cup of cooked **pasta/noodles**
or 1 medium potato (or 1/2 cup **sweet potato**) with a small **corn cob**
PLUS
A small serve of lean meat or fish or chicken or tofu with plenty of salad or cooked vegetables (remember corn and potato are carbohydrates)
PLUS
1 serve of fruit

SUPPER – CHOOSE FROM:

1/2 cup **low fat custard** or 2 small scoops **low fat ice cream**
or 100g **low fat yoghurt** or 200g artificially sweetened **yoghurt**
PLUS
1 serve of fruit

Note: The foods listed in bold have a low GI. The information sheet *Glycemic Index* gives more useful details about GI.

What about breast feeding?

Breast feeding is recommended for all women. It provides the best start for your baby and can help you to return to your pre-pregnancy weight. Current guidelines recommend that infants be breast fed for the first six months and beyond where possible. Talk to your midwife or doctor about how to enhance effective breast feeding.

Am I at risk of developing type 2 diabetes?

While blood glucose levels usually return to normal after the birth, women who have had gestational diabetes are at an increased risk of developing type 2 diabetes later in life with a 30%–50% chance of developing it within 15 years after their pregnancy.

What can I do to reduce the risk?

To reduce your risk, delay or even prevent the development of type 2 diabetes, keep in mind the following important points:

Know your blood glucose level

- It is recommended that you have an oral glucose tolerance test about six to eight weeks after the birth of your baby.
- This test should be repeated every one to two years or more frequently in those at greater risk, such as women from high risk cultural groups or those with impaired glucose tolerance.
- See your GP if you are planning another pregnancy to check that your blood glucose levels are in the normal range.
- Get checked for gestational diabetes early in your next pregnancy.

Maintain or achieve a healthy weight

Balancing your food intake with your activity levels is the best way to maintain or reduce any excess body weight. Studies have shown that even as little as five to 10 per cent weight loss (if overweight) can help reduce the risk of type 2 diabetes. Avoid crash diets and aim to lose weight gradually through a healthy lifestyle. See an Accredited Practising Dietitian (APD) for individualised weight management advice.

Eat healthily

- Base your meals on wholegrains, fruits and vegetables.
- Choose a diet low in saturated fat – choose low fat dairy foods, leans meats and skinless chicken, and limit biscuits, chips, cakes, pastries, processed fried and takeaway foods.
- Include small amounts of the healthy poly or monounsaturated fats and oils such as canola, olive or sunflower oils and margarines, avocado and unsalted nuts.
- Choose lower glycemic index (GI) carbohydrate foods such fresh fruit, grainy bread, low fat dairy foods, pasta, basmati rice and low GI cereals.
- Eat regular meals and watch your portion size.
- Avoid high sugar drinks (eg: cordials, soft drinks) and choose water as your everyday drink.

Be physically active

Aim to include at least 30 minutes of moderate physical activity on most days.
You should discuss your physical activity plans with your doctor.

Encourage a healthy family lifestyle

Research has suggested that gestational diabetes may increase a child's risk of obesity and type 2 diabetes later in life. It is therefore important to encourage the whole family to make healthy food choices and be physically active every day.

It is recommended that every woman with gestational diabetes see a dietitian who will help put into practice the recommendations in this information sheet.

To find an Accredited Practising Dietitian, contact your State or Territory Diabetes Organisation on 1300 136 588, the Dietitians Association of Australia on 1800 812 942 (www.daa.asn.au) or ask your hospital's maternity unit for a referral.

Would you like to join Australia's leading diabetes organisation?

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For more information phone **1300 136 588** or visit your State/Territory Organisation's website:

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