

Gestational diabetes – dietary advice for managing blood glucose levels

Information for Patients



What is gestational diabetes?

Gestational diabetes is a type of diabetes which can occur during pregnancy. It is thought that in pregnancy certain hormones that are produced can make the insulin that your body produces less effective and therefore the glucose level in the blood rises. During pregnancy there is also an increased need for insulin and sometimes the body is not able to produce sufficient insulin to meet this increased demand.

How is gestational diabetes treated?

Initial changes to diet and lifestyle can help to lower blood glucose levels. However if these changes do not help the blood glucose to reach the recommended levels, it may be necessary for some women to take medication such as insulin to achieve this.

Healthy eating in pregnancy

For comprehensive information and advice on healthy eating in pregnancy, please visit:

www.nhs.uk/conditions/pregnancy-and-baby

Why is healthy eating important?

- to help improve blood glucose levels.
- to achieve and maintain a healthy weight in pregnancy.
- to provide a healthy environment for your baby to grow and develop in.

How much weight should I expect to put on during pregnancy?

Weight gain during pregnancy will vary from woman to woman, often depending on what your weight was before you became pregnant. As an indication, recommended weight gain would be;

- 12 - 18 kg if you are underweight (BMI less than 18.5 kg/m²) before you become pregnant
- 11 - 15 kg if you are a healthy weight (BMI 18.5 - 24.9 kg/m²) before you become pregnant
- 6 - 11 kg if you are overweight (BMI 25 - 29.9 kg/m²) before you become pregnant
- 5 - 9 kg if you are obese (BMI greater than or equal to 30.0 kg/m²) before you become pregnant.

During pregnancy your calorie requirements only usually change in the last three months with your body needing an increase of 200 calories per day, which is often naturally met by an increase to your appetite at this time.

Losing weight during pregnancy is not recommended. However it is important to try to avoid excessive weight gain which can affect your health.

Tips for healthy eating in pregnancy

1. Try to eat regularly
2. Include a starchy food at each meal. Choose wholemeal versions when you can (see page five for examples)
3. Eat at least five portions of fruit and vegetables per day
4. Cut down on sugary foods and drinks
5. Cut down on salt
6. Choose low fat dairy products when possible and aim for two to three portions per day. Examples include skimmed or semi skimmed milk, low fat yoghurt and half fat hard cheese.

7. Experts are unsure if any alcohol is safe to drink while pregnant, so the safest approach is not to drink alcohol at all

8. Limit your caffeine intake to 200mg or less per day:

200mg equals

- two mugs of instant coffee
- one mug of filter coffee
- two mugs of tea
- five cans of diet cola
- two cans energy drink

To reduce caffeine intake, try decaffeinated tea/coffee or water instead

9. Take care with some foods, and follow the current food safety advice for pregnancy. Certain foods should be avoided during pregnancy as they may make you unwell or harm your baby. For current advice please visit:

www.nhs.uk/conditions/pregnancy-and-baby/pagesfoods-to-avoid-pregnant.aspx

10. Eat two portions of fish per week, one of which should be oily e.g. sardines, mackerel, salmon or trout.

Which foods raise blood glucose levels?

The glucose in your blood mainly comes from the carbohydrate foods that you eat.

Foods which contain carbohydrate

Sugary foods

Sugar, sweets, cakes, biscuits, chocolate, jams, sugary drinks

Fruit and fruit juice

Milk and yoghurts

Starchy foods

Flour, bread, rice, pasta, potatoes, pulses

Cereals and other grains such as oats, bulgur wheat, pearl barley, buckwheat, couscous, quinoa



Glucose in blood

All carbohydrates are broken down by the body into glucose. Therefore after eating carbohydrate foods the level of glucose in the blood rises. The greater the amount of carbohydrate that is eaten, the more glucose is produced. If you do not have diabetes the pancreas is able to make exactly the right amount of insulin to match the amount of carbohydrate that has been eaten.

This allows the glucose to move into the cells (where it is needed for energy) and the blood glucose stays within normal levels.

In diabetes, if you are taking certain tablets or fixed doses of insulin, you are unable to alter the amount of insulin in your body to match the carbohydrate you have eaten. It may therefore help your glucose control if you can keep the amount of carbohydrate you eat at meals the same from day to day. It may be helpful to think about your portion sizes of these foods. Looking at food packaging and resources such as the 'Carbs & Cals' book (see Useful References on page 13) can help with this. The dietitian in clinic is also able to advise you regarding this.

Protein foods (meat, fish, eggs, cheese) and fats (butter, margarine, lard, oil) do not contain carbohydrate and will not therefore release glucose into the blood. However, it is sensible to keep your portion sizes modest to maintain a healthy heart and weight.

Glycaemic index (GI)

All carbohydrate foods raise blood glucose levels but not all carbohydrate foods are digested in the same way by the body. Some carbohydrate foods are digested quickly (high GI foods) and some more slowly (medium and low GI foods).

There may be some advantages to your health by including more low and medium GI foods in your diet.

These include:

- improving diabetes control
- reducing insulin resistance
- lowering cholesterol levels
- reducing the risk of heart disease

Choosing more of the following foods will help you eat in a low GI way:

- breakfast cereals based on oats, barley and bran e.g. porridge, muesli, Sultana Bran or All-Bran
- granary, whole meal pitta, sour dough, rye and pumpernickel breads
- fruit and vegetables
- new potatoes and sweet potatoes
- basmati rice
- pasta made from wheat
- beans and pulses e.g. baked beans, lentils, chick peas and kidney beans
- buckwheat, bulgur wheat, pearl barley and quinoa

However, as medium and low GI foods will still raise your blood glucose levels it remains important to monitor your portion sizes of these foods.

Some lower GI foods such as chocolate and nuts have a high fat content, therefore be careful of portion sizes of these especially if you are trying to avoid excessive weight gain.

Tips to help lower blood glucose levels

- Be mindful of the amount of carbohydrate that is on your plate. Portion sizes of starchy foods can be reduced by swapping some of the carbohydrate for vegetables and / or salad.
- Try to reduce sugary drinks (regular fizzy drinks, fruit juices, regular fruit squashes) by substituting these with water, diet drinks, decaffeinated tea/coffee or 'no added sugar' squashes.
- Try artificial sweeteners in hot drinks or in cooking to help you to cut down on sugar.
- Try not to regularly eat more than three portions of fruit per day as all fruit contains natural sugar - one portion is approximately a handful of any fresh, frozen or tinned fruit. To reach your 'five a day' target for fruit and vegetables, use vegetables or salad as well. One handful of vegetables/salad is a portion.
- Limit fruit juice to one small glass (125 ml) per day.
- Limit any between meal snacks to 10-15g of carbohydrate by using the information on food packaging, in the 'Carbs and Cals' book please see page 13 or discuss this with the dietitian in clinic.
- Any activity you can do will help to lower your blood glucose levels - follow any specific advice given by your midwife or GP.

'Diabetic' food products - These are not recommended as they will not help to lower your blood glucose levels. They are also expensive, are often high in calories and can have a laxative effect.

Nausea in pregnancy

- try eating small and regular meals
- avoid fatty and fried foods
- eat your meals in a well ventilated room and try to avoid cooking smells
- dry foods such as toast, plain or ginger biscuits may be better tolerated

Breastfeeding

There are many benefits of breastfeeding for you and your baby. In conjunction with a healthy diet, breastfeeding can help you to achieve a healthy weight after the birth. If you would like to breastfeed ask your midwife for further advice, including information on local support groups and baby cafés.

What diet should I be following after my baby is born?

For most women gestational diabetes goes away after they have had a baby. If you have had gestational diabetes you will require a fasting blood glucose test at your GP surgery approximately six weeks after you have had your baby to confirm that you no longer have diabetes.

Your GP surgery will inform you of how you will be notified of the result. If you have had gestational diabetes you have higher risk of developing Type 2 diabetes in the future.

You can help to reduce this risk by:

- maintaining a healthy weight for your height
- eating a healthy diet
- taking regular activity
- attending regular health checks with your GP and practice nurse

Meal ideas

Breakfast:

- small portion of porridge or wholegrain cereal with skimmed or semi-skimmed milk
- one to two slices of bread or toast with a scraping of low fat spread or marmite
- well cooked eggs (one to two) with one to two slices of bread or toast
- cooked mushrooms or tomatoes with one to two slices of bread or toast
- natural yoghurt with a portion of fruit

Light Meal:

- sandwich, small roll, small wrap, pitta bread or crackers with lean meat, hard-boiled egg, hard cheese, hummus or tinned fish
- soup with one to two slices of bread or toast
- one to two slices of bread or toast with baked beans
- salad with lean meat, hard cheese, hard-boiled egg, Quorn or tofu with bread, rice or potato

Main meal:

- lean meat or fish with vegetables and small portion of potatoes
- small portion of pasta with Bolognese and salad
- meat or vegetable curry with small portion of rice, naan or chapatti
- small jacket potato with tinned fish, beans or hard cheese and salad
- stew or casserole with vegetables and small portion potatoes

Desserts:

- no added sugar jelly
- diet yoghurt
- one portion of fruit
- one scoop of ice cream with chopped nuts

Snacks:

- one portion of fruit
- diet yoghurt
- three bread sticks or two oat cakes with hummus or cream cheese
- 1 tablespoon / handful of nuts
- ¼ pot reduced fat hummus and fresh sliced carrots or peppers

For individual advice on portion sizes please discuss further with the dietitian in clinic.

My goals

Useful contact numbers

When you are diagnosed with gestational diabetes you will be invited to attend the 'Lifestyle for Gestational Diabetes' group.

If you are unable to attend the group further information about managing gestational diabetes can be found at:

<http://gdmhealthylifestyle.co.uk> or <http://gdmhealthylifestyle.com>

Useful references

- Carbs & Cals: Chris Cheyette & Yello Balolia Chello publishing 2010
- ISBN:978-0-9564430-0-7 www.carbsandcals.com
- www.nhs.uk/conditions/pregnancy-and-baby
- www.bda.uk.com/foodfacts/Pregnancy.pdf
- <http://www.bda.uk.com/foodfacts/Breastfeeding.pdf>

Notes

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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