

GESTATIONAL DIABETES: ALL YOU NEED TO KNOW ABOUT YOU AND YOUR BABY



*Sweet
Success.*

California Diabetes and Pregnancy Program

Important Phone Numbers:

Office Appointment Desk
Number to use when office is closed
Doctor
Nurse
Dietitian
Health Issues Help
Labor and Delivery
WIC
Breastfeeding
Other:



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GESTATIONAL DIABETES: ALL YOU NEED TO KNOW ABOUT YOU AND YOUR BABY

You are pregnant and have been told that you have gestational diabetes. This means that your blood test shows that the amount of sugar in your blood is too high. We would like to help you learn more about gestational diabetes. This booklet will tell you about gestational diabetes and how to care for yourself and your baby. This booklet may contain new words. Most of these new words are medical terms and will be in **bold** print. If a word is **bolded**, you can look at the word list at the back of this booklet (page 31) to see what it means.



LEARNING MORE ABOUT GESTATIONAL DIABETES
WILL HELP YOU CARE FOR YOURSELF AND YOUR BABY

■ WHAT IS GESTATIONAL DIABETES?

Gestational diabetes is a kind of diabetes that is discovered during pregnancy. It is often found later in pregnancy, around 24-28 weeks. Gestational means "in pregnancy". Diabetes means having more sugar (**glucose**) in your blood than your body needs or uses. At least seven out of every one hundred pregnant women will have gestational diabetes. Having gestational diabetes does **not** mean your baby will be born with diabetes or birth defects. But, women with gestational diabetes and their babies are at higher risk of developing type 2 diabetes and obesity later in life. Also, babies of mothers who have gestational diabetes may develop other problems related in high blood sugar.

■ WHY IS MY BLOOD SUGAR TOO HIGH?

There are four main reasons why your blood sugar can be too high:

- ❖ Your body's **insulin** which lowers blood sugar is not being used well or your body cannot make enough
- ❖ Pregnancy hormones
- ❖ Being overweight or gaining too much weight during pregnancy
- ❖ Eating too much, too often or the wrong foods

Hormones are natural chemicals made in the body. Every hormone is needed and has a job to do. **Insulin** is hormone your body makes. Insulin lowers your blood sugar every time you eat.

During pregnancy, extra hormones are made to support the pregnancy and the growing baby. These hormones can get in the way of body's use of insulin so the body is not able to keep the blood sugar normal. That is why high levels of pregnancy hormones can cause your blood sugar to rise. This rise in blood sugar causes gestational diabetes.

Sometimes, your insulin does not work very well. One reason insulin may not work well is having excess body fat. The more body fat you have, the less likely it is that your insulin will work well. If insulin cannot work well, it does not lower the blood sugar.

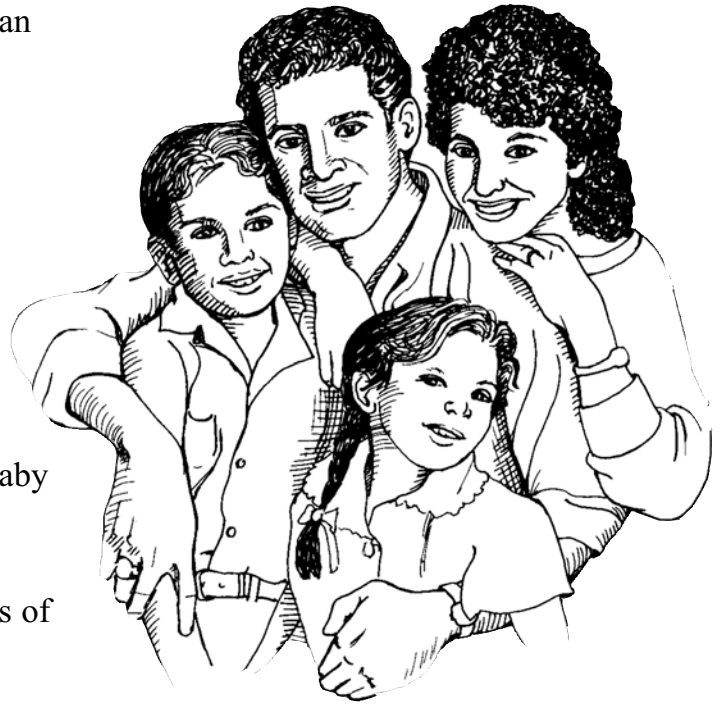
You may wonder if you should lose weight to lower your blood sugar. Pregnancy is not the right time to lose weight. Weight gain guidelines will be discussed at your visits. You can avoid high blood sugar by learning what, when and how much to eat.

Eating food, even healthy food, can cause your blood sugar to rise. Some types of foods raise your blood sugar too high, too fast. Large amounts of certain food can also do this.

■ WHO CAN GET GESTATIONAL DIABETES?

Any pregnant woman can get gestational diabetes. But, some women are more at risk than others. You are at greater risk if you:

- ❖ Are overweight (BMI greater than or equal to 25)
- ❖ Have diabetes in your family
- ❖ Had gestational diabetes in another pregnancy
- ❖ Had a baby who weighed more than 9 pounds
- ❖ Excessive weight gain during the pregnancy
- ❖ Are of Hispanic/Latin, Native American, Asian American or African American background
- ❖ Had an unexplained *stillbirth* (a baby who died before birth)
- ❖ Had a baby born with birth defects of unknown cause
- ❖ Have *Polycystic Ovary Syndrome*
- ❖ Presence of glucosuria - sugar in urine



Women with one or more of these risks are more likely to have gestational diabetes. Pregnant women with risks may be tested for gestational diabetes at their first prenatal doctor's visit. Women with risks can also be tested more than once during pregnancy.

■ WHAT CAN HAPPEN TO MY BABY AND ME?

You now know that eating raises your blood sugar. Blood sugar is used for energy. A small rise in the blood sugar after a meal is normal, an excessive rise is not. When your blood sugar is too high, the extra sugar is shared with your baby. When the baby gets too much sugar from you, the baby stores it as fat. This is why some women with gestational diabetes have very large babies (*macrosomia*). These babies are at risk for having a rapid drop in their blood sugar right after birth. This is not healthy and these babies may need to go to a special care area such as a neonatal intensive care unit (NICU).



Besides being hard to carry, large babies are more difficult to deliver. Sometimes there are birth injuries to both mom and baby. The baby's arm or shoulder could be injured during delivery. Nerve damage to the face and arms can also happen. If your baby is very large, you can have vaginal (birth canal) injuries. To avoid birth injuries, some women will need a *cesarean section* (sometimes called a c-section). A cesarean section means the baby is delivered by surgery.

When blood sugars are too high, the baby gets less oxygen. Some babies do not handle this stress well. This is thought to be one of the reasons for stillbirths (when a baby dies before birth). This is a very good reason to keep your blood sugar in a safe range.

These facts are not meant to frighten you. Today, with good health care, these things do not happen very often. If you follow the advice of your health care team you can expect to do well and have a healthy baby.

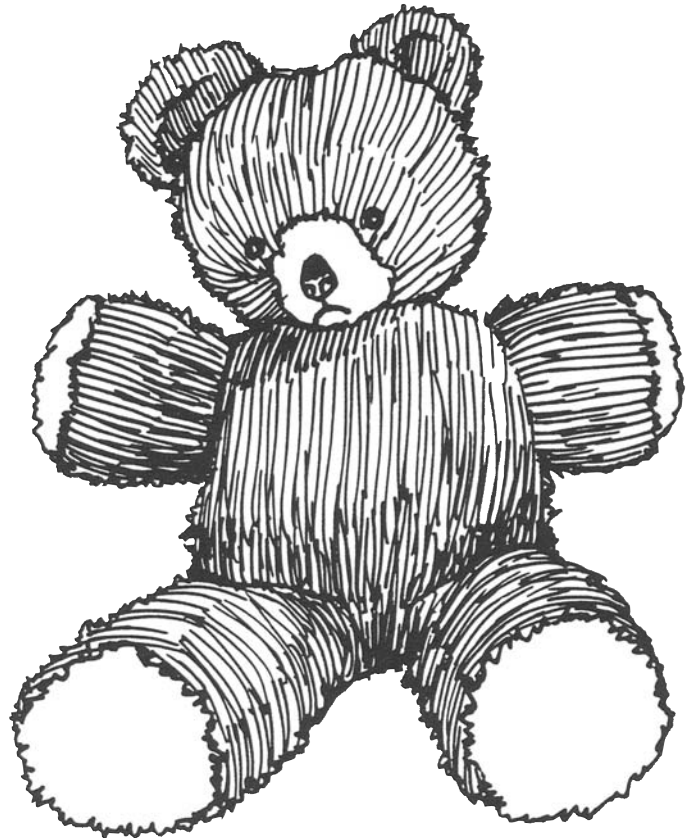
■ HOW WILL I FEEL IF MY BLOOD SUGAR IS HIGH?

Women with high blood sugar often do not feel any different than other pregnant women. There is only one way to know if you have high blood sugar. You need to test your blood for sugar. One of the most important things you will learn to do for yourself is to test your own blood sugar!

Some signs of high blood sugar are:

- ❖ Tiredness
- ❖ Thirst
- ❖ Hunger
- ❖ Weakness
- ❖ Urinating more often

As you can see, these signs are very much like normal signs of pregnancy. Checking your blood sugar is the only way to know if your blood sugar is high. By keeping your blood sugar in a safe range you may feel you have more energy.



■ HOW WILL I BE CARED FOR AND BY WHOM?

A health care team will care for you and your baby. Your doctor is in charge of your medical care and watches over your pregnancy. You may also see other health care workers, such as a nurse, social worker or a **Registered Dietitian (RD)/Registered Dietitian Nutritionist (RDN)**. All of these people make up your **health care team**. Each team member provides a certain part of your care. The nurse or educator helps the doctor teach you what you need to do, and explains how to do it. The social worker helps you solve problems, deal with feelings and finds ways to give you needed support. The dietitian designs a meal plan for you, suggests food choices and tracks your weight gain. The health care team takes care of you and your baby. Of course the most important person on the health care team is **you**. Here are some things your health care team will do:

- ❖ answer your questions
- ❖ explain tests and test results
- ❖ help you make the right choices
- ❖ help you to make changes
- ❖ teach you how to manage your diabetes
- ❖ prepare you for delivery
- ❖ care for you after your baby is born
- ❖ teach you how to prevent diabetes for you and your family



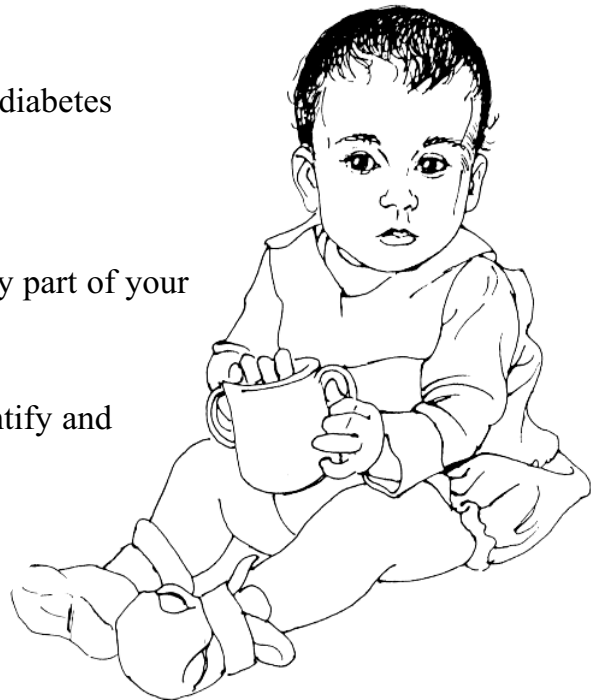
■ WHY DO I NEED TO SEE MY HEALTH CARE TEAM SO OFTEN?

Many visits are needed to help you and your baby because your care plan may change as you get closer to your delivery. Your health care team will be checking many things. They will check your:

- ❖ Blood sugar records
- ❖ Meal plan and food records
- ❖ Weight gain
- ❖ Baby's growth and size
- ❖ Kick count records
- ❖ Blood pressure
- ❖ Exercise program

Seeing the team often gives you the chance to discuss concerns or problems. You can always talk with your social worker, nurse, dietitian or doctor. Talking about a problem often helps to solve it. At each visit, you and your health care team can discuss your:

- ❖ Feelings about your pregnancy
- ❖ Mood changes
- ❖ Concerns about having gestational diabetes
- ❖ Stress Management
- ❖ Success and/or frustrations with any part of your health care plan
- ❖ Your support systems - how to identify and use them
- ❖ Plans for after your baby is born



■ IS IT NORMAL TO WORRY ABOUT MY PREGNANCY?

Yes! Everyone has worries during their pregnancy. Pregnancy alone can cause stress for you and your family. Work at the office or at home may be very hard. Fears about money may cause you to worry. Learning that you have gestational diabetes can add to this stress. Any of these stressors can raise your blood sugar. Support from your health care team can make a difference. We are here to help you, if you ask.

There are many ways to lower your stress. Find ways to relax. Relaxing will help you reduce your stress which is healthy for you. This is a list of some things that may help you relax or worry less:

- ❖ Go for a walk
- ❖ Listen to music
- ❖ Read a book
- ❖ Do something you enjoy
- ❖ Talk to friends and family
- ❖ Ask someone to visit you
- ❖ Watch your favorite TV program
- ❖ Taking rest time to do your kick counts every day and record them (see page 14)

Some women use tobacco, alcohol or drugs to deal with stress. When you are pregnant, smoking, taking drugs or using alcohol can harm your baby. If you are using these things, your baby could be born too early (*preterm birth*), too small or have problems breathing. There is no known safe level of alcohol while you are pregnant. If you are using tobacco, alcohol or drugs, ask for help to stop. There are people trained to help pregnant women who have these problems. You should not feel ashamed. It takes courage to ask for help. Your health care team knows this.

For other women their worries may be about something very personal. Many women are in relationships that have become violent. It is not okay to be hit, pushed, slapped, punched, kicked or forced to have sex. No one deserves to be treated this way. Most of all, it is not the woman's fault. It is never too late to get help. If you are afraid, fear for your safety, or the safety of your children, talk to someone on your health care team NOW.

■ WHAT CAN I DO TO HELP?

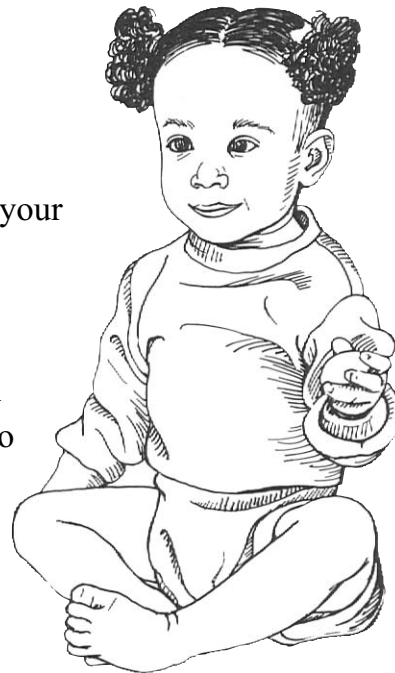
It is very important that you keep all your appointments. Also, there are some things you will learn to do for you and your baby.

You will learn how to:

- ❖ Test and write down your own blood sugar at home
- ❖ Keep your blood sugar within the normal range as much as possible
- ❖ Choose the right foods and the right amounts of food to eat
- ❖ Avoid eating sweets and using sugar
- ❖ Eat three small meals and three snacks each day
- ❖ Keep food records each day
- ❖ Gain weight slowly
- ❖ Exercise every day (especially after meals) as your doctor or medical team told you to
- ❖ Do and write down kick counts
- ❖ Relax

It is also important that you bring your records to all your appointments.

In the back of this book you will find a record sheet. On this sheet there is a place for everything you need to write down. You may use this form or one given to you by your health care team.



■ YOUR MEAL PLAN

Following your meal plan is the best way to control your blood sugar. Your meal plan will tell you what and when to eat. This plan will be made just for you. It will include most of the foods you enjoy eating like: milk, meat, chicken, eggs, fish cheese, beans, bread, tortillas, fruits, and vegetables. As much as possible, your meal plan will include foods you are familiar with and that may be part of your family's customs and traditions. You will learn how to use "portion control" with favorite foods which might raise your blood sugar too much. You may need to eat smaller amounts than you usually do. This is especially helpful when the rest of the family is eating these foods.

You will be asked to eat three small meals and three small snacks each day. Eating too much at one time can make your blood sugar go too high. You will be asked to eat every two to three hours so you should not get hungry during the day.

If you are using diabetes medication do not skip meals or snacks because your blood sugars may go to low. Skipping meals can cause you to overeat at your next meal. Small meals and snacks can also help prevent heartburn and upset stomach.

It is important that you limit sweets and sugary foods like: cakes, donuts, sweet breads, cookies, candy, ice cream, regular Jell-O®, syrup, honey, regular soda pop, juices and fruit drinks. These foods will cause your blood sugar to go too high.



Here is a sample of how you will be asked to plan your meals.

BREAKFAST	LUNCH	DINNER
1 cooked egg 1 slice whole wheat bread 2 Tbsp avocado water or tea	1 cup vegetable soup ½ cup tuna lettuce and tomato slices 2 slices whole wheat bread 2 tsp mayonnaise 8 oz 1% or fat free milk	3 oz baked chicken, no skin 1 cup spinach 1 medium baked potato 2 tsp oil 8 oz 1% or fat free milk
MORNING SNACK	AFTERNOON SNACK	BEDTIME SNACK
1 oz string cheese 1 small apple	1/4 cup low fat cottage cheese 1 small orange 12 almonds	8 oz 1% or fat free milk ½ English Muffin 1 tsp peanut butter

Some families or cultures have their own ways of treating diabetes. Special foods or drinks may be used to try to lower blood sugar. If you want to use these family treatments, talk to your health care team first. Check to make sure they can be used safely during pregnancy. Your health care team should know about everything you are doing to lower your blood sugar. Remember, you are a part of the team. You need to share your plans with the team.

■ BREAKFAST MEAL

Your breakfast meal needs special attention. Blood sugars tend to be higher in the early morning right after waking up. Because of this, you need to eat a small breakfast. Eating too much carbohydrate will raise the blood sugar even higher. Your blood sugar goal one hour after the start of all meals is less than 130 mg/dl.

Some breakfast foods may make your blood sugar go too high. Milk at breakfast may raise your blood sugar quickly and too much. Foods you need to avoid at breakfast are:

- ❖ fruit juice or drinks (avoid at all times unless your blood sugar is low)
- ❖ fresh fruit
- ❖ instant hot or cold cereals
- ❖ milk or yogurt

Some choices for a good breakfast are:

- ❖ ½ sandwich,
- ❖ 1 corn tortilla with cheese, **or**
- ❖ 1 slice of whole-wheat toast with an egg.

You can see your breakfast meal is small!



If still hungry add slightly more protein. You will be having snacks between meals as part of your meal plan. Talk to someone on your team if you are having problems with your meal plan so it can be changed.

■ EXERCISE

Exercise will help you use sugar. Before exercising, talk to your doctor and health care team. They will tell you what exercise is safe for you. One of the best exercises for pregnant women is walking. Try to walk or exercise at least once a day. Do more if you can. Your goal is to walk twenty minutes after each meal. Walking after a meal helps lower your blood sugar.

Walking with your family or a friend can be fun and good for everyone. Wear comfortable shoes and clothing. Walk at a speed that is good for you. Stop if you notice pressure, tightness or contraction of your uterus. Note your baby's movement before and after exercising. Remember, follow your doctor's advice.

Exercise Helps You:

- ❖ Lower your blood sugar
- ❖ Control your appetite
- ❖ Control weight gain
- ❖ Make your heart stronger
- ❖ Reduce your stress
- ❖ Feel good about yourself
- ❖ Prepare for labor and delivery



■ BLOOD SUGAR CHECKING

You will learn to test your own blood sugar. A small drop of blood from the side of your fingertip is needed to test your blood sugar. You will also need a *meter*, a *lancet*, and blood glucose test *strips*. A meter is a machine used to test your blood glucose (sugar) levels. This machine will give you a blood sugar number. Lancets are small needles you will use to get your blood. A strip is a small piece of hard plastic that you put the blood on.

Now you know that blood sugar numbers rise after eating. This number will return to normal about two hours after you eat. Because blood sugar numbers rise and fall, there are different numbers that are normal before and after meals. Your plasma blood sugar numbers should be:

- ❖ below 90 mg/dl plasma, in the morning before breakfast.

- ❖ below 130mg/dl plasma, one hour after the start (first bite) of a meal.

Your doctor and health care team will go over your blood sugar goals with you.

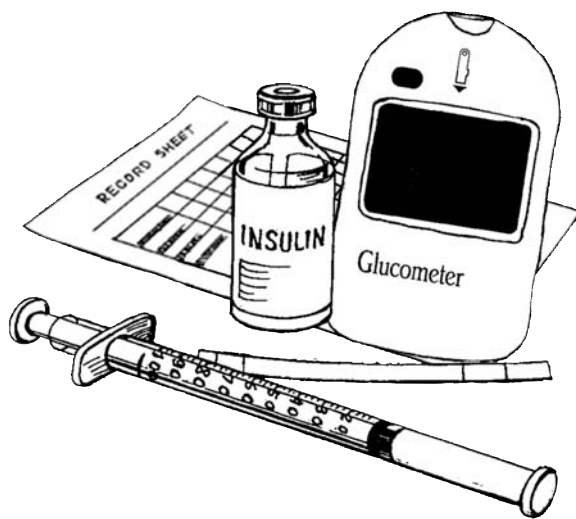


■ IS THERE ANYTHING ELSE I SHOULD DO?

Following your meal plan and exercising is often all that you need to do to keep your blood sugar normal. But some women will still have high blood sugar. This is not their fault, some women with gestational diabetes are not able to make enough insulin to cover their needs during pregnancy.

Remember, insulin lowers your blood sugar. If there is not enough insulin, the blood sugar will be high.

Some women with gestational diabetes will need to take insulin. These women will need to give themselves insulin shots every day. These shots may only be needed during pregnancy. There are no insulin pills. Insulin shots are not painful when done the right way. If you need insulin, you will be taught to give yourself insulin shots just under the skin in your stomach area. At first some women are afraid to inject insulin in this area. Once they have been trained on how to give the shot, most women do well and feel OK. Women are taught to move the insulin shot to a different areas of the stomach each time it is given.



Your doctor or nurse will show you how, when and where to give yourself the shots. Insulin shots will not hurt your baby. Stories about insulin causing your baby to get diabetes are not true. If you need insulin and don't take it, you put your baby at risk for problems. If you need to take insulin, talk to your health care team about your fears.

■ HOW WILL I KNOW MY BABY IS ALL RIGHT?

There are special tests that can check your baby's health. These tests are done later in pregnancy. They are:

❖ *kick counts*
(NST's)

❖ *ultrasounds*

❖ *stress tests*

KICK COUNTS

One of the most important tests you can do for your baby is kick counts. Kick counts check your baby's movements. Some time between 16 and 20 weeks you will begin to feel your baby move. You will be asked to do kick counts every day starting around 26 weeks. At this time you should be able to clearly feel your baby moving. Ask your health care provider when and how to check your baby's movements. Also ask when and who you should call if you have questions or if the baby isn't moving.

Here's one method used to do Kick Counts:

1. Choose the time of day that you feel your baby moves the most. Often this will be after your evening meal. Try to check kick counts at the same time every day.
2. Lie down on your **left** side or sit in a comfortable chair.
3. Pay attention to your baby's movements.
4. The first time you feel your baby move, write down the time.
5. Count every kick or movement until you feel ten movements. Check the time and write it down. Most babies will move ten times in one hour.
6. Take your kick count record sheet to each doctor's visit.



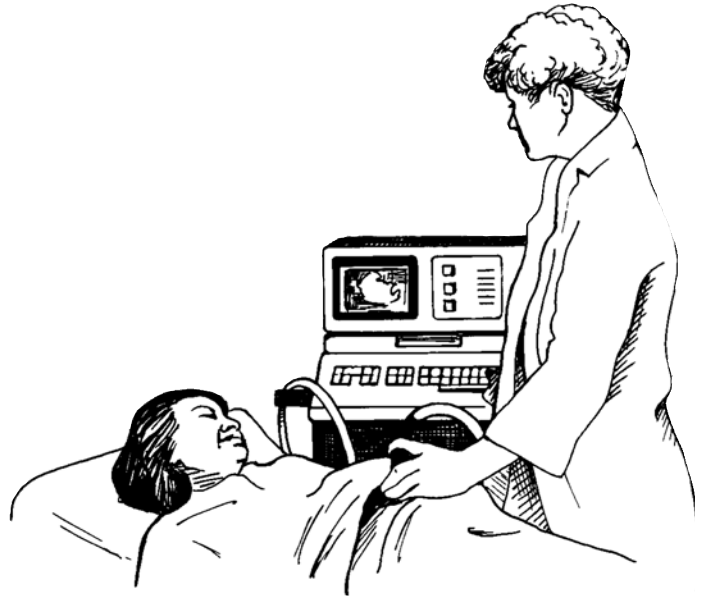
If your baby is not moving or if you are concerned call your doctor!

ULTRASOUND

An **ultrasound** test uses sound waves to "see" your baby. These sound waves do not hurt either you or your baby. Your doctor can see your baby's size, the way it is lying, and organs (like the brain, spine, and heart). The doctor can even measure the amount of fluid (*amniotic fluid*) around your baby.

Having your ultrasound can be very exciting. You might see your baby move, suck his or her fingers and breathing movements. Often, more than one ultrasound test will be done during your pregnancy. This is to make sure your baby is growing well and that your due date is correct. Some mothers with gestational diabetes can deliver babies that

weigh more than 9 pounds (**macrosomia**). These babies are larger than normal. Your doctor will use an ultrasound to see if your baby is getting too big. If your baby is too large to deliver naturally, you may need a cesarean section (sometimes called a c-section). A cesarean section is a surgery used to deliver your baby. Your doctor will talk about all of this with you.



NON-STRESS TEST

A **non-stress test** records your baby's heart rate. This test is sometimes called an NST. Again, this test will not hurt you or your baby. The baby's heart beats faster when the baby moves. This is a sign that your baby is doing well. During this test, a special belt is placed around your waist. The belt is hooked to a machine. This machine counts your baby's heart rate. Non-stress tests are often done near the end of pregnancy. It is common to repeat this test one to two times a week because they help to determine how your baby is doing. Do not miss any of these tests. They are very helpful to your doctor.

■ SIGNS YOUR DOCTOR WILL WANT TO KNOW ABOUT

All pregnant women should know warning signs to tell their doctor about. If anything about your pregnancy does not seem normal or feel right to you, talk to your doctor right away. If you have any trouble reaching your doctor, call your hospital's Labor and Delivery Unit for help. Here are some signs that you should report right away:

- ❖ A severe headache
- ❖ Your baby moves less or more than normal
- ❖ Severe swelling of face, fingers or feet
- ❖ Blurry vision with or without a headache
- ❖ Pain or burning when you urinate
- ❖ A fever
- ❖ Backache or period-like cramps that come and go
- ❖ Tightening of your *uterus* with or without pain.
- ❖ Severe pain in any part of your body that does not go away
- ❖ Any spotting of red blood from your **vagina** (the birth canal)
- ❖ A sudden loss of fluid which could mean your bag of water has broken
- ❖ A blister or sore in your vaginal area
- ❖ Smelly, thick or yellow mucous from your vagina
- ❖ Rapid weight gain for no reason
- ❖ Blood sugar greater than 200 which does not seem to come down

■ HOW WILL GESTATIONAL DIABETES AFFECT MY DELIVERY?

The timing of delivery depends on your due date and the results of all of your tests. If your tests are normal, you will be allowed to go into labor on your own. Most women go into labor around forty weeks. If your tests are not normal, your doctor will talk with you about when and how to deliver your baby safely.



During labor and delivery, you will be cared for like all other pregnant women. If you take insulin shots, you will not take them during labor. Most women do not need insulin during labor. If you do need insulin, it might be given through an I.V. in your arm. Your blood sugar will be checked during your labor. Blood sugars still need to be normal during this time.



It is a good idea to take some classes with your partner or another friend so that you know what to expect in labor and delivery. You may want family and friends to be with you during labor. If so, it is an especially good idea to attend classes before your baby is due. These classes will teach you what will happen during labor and delivery. You will also learn about what to expect with a newborn baby. The classes will help you know how to breastfeed which is a good idea for both you and your baby.

■ WHAT WILL HAPPEN AFTER MY BABY IS BORN?



You may be asking what you should do to stay healthy after your baby is born. The suggestions below may help you maintain good health and may reduce your chance of getting *type 2 diabetes*.

❖ GET TESTED FOR DIABETES

Some women will still have high blood sugar after their baby is born. **All women with gestational diabetes must be tested for type 2 diabetes after their baby is born.** Using your home meter for this type of test is not the best way to check. A blood sugar test for diabetes (*Glucose Tolerance Test (GTT)*) is needed around 6 to 8 weeks after delivery. This test is done in the lab. Make sure this test is arranged for you before you leave the hospital. If your blood sugar is still high, your health care team will explain what you need to do. Women with gestational diabetes have a bigger chance of getting diabetes, called type 2 diabetes. This is why it is important that you have your blood sugar checked once a year from now on.

❖ SPACE YOUR PREGNANCIES

High blood sugars in early pregnancy can cause birth defects and other health problems. It is important that you do not get pregnant before you are retested for diabetes. After delivery, you should use family planning until you are ready to be pregnant again. *Family planning* is using a method to space out your pregnancies. This spacing gives your body a chance to heal and restore itself before another pregnancy. You can get pregnant even if you just had a baby.



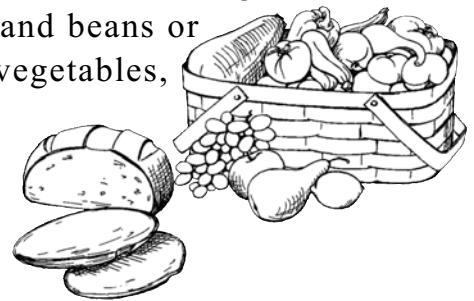
❖ KEEP A HEALTHY WEIGHT

It is possible for you to develop gestational diabetes again during your next pregnancy. You will want to reach a healthy weight before you become pregnant again. Keeping a healthy weight can help your blood sugar stay normal. This would lower your chances of having gestational diabetes again or developing type 2 diabetes. If you are overweight, even losing 10 pounds can lower your risk of developing type 2 diabetes.

There are many things you can do to keep a healthy weight after you have your baby:

♥ **Eat a healthy diet**

- ❖ Choose foods low in fat and high in fiber such as vegetables, fruits, whole grain cereals or breads, and beans or legumes. Fill half of your plate with vegetables, 1/4 plate with a grain or other starch and 1/4 plate with protein.



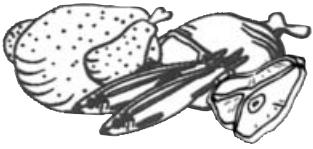
- ❖ Eat smaller serving sizes and limit second helpings. Eat at least 3 small meals and 3 snacks per day.
- ❖ When you eat pasta, rice, breads, and cereals, measure these foods and choose whole grains such as whole wheat breads and pasta.
- ❖ Measure servings of beans and lentils.
- ❖ Use less sugar and eat or drink fewer sweets (like candy, cookies, cake, soda and Kool-Aid).
- ❖ Not drinking alcohol can also help you control your weight.

♥ **Eat less fat**

In order to keep fat to less than one third (1/3) of your calories, try these suggestions:

- ❖ Use low fat and non-fat dairy products such as fat free milk, part-skim 1% milk, low fat mozzarella cheese and non fat yogurt.

- ❖ Choose pasta and sauces without fats or cheese.
- ❖ Eat less processed food, especially those made from partially hydrogenated oils and trans fats, such as baked products (cakes, pies, etc.), fatty crackers, and donuts.
- ❖ Choose lean meats. Three ounces of meat can have from 3 to 39 grams of fat, depending on your choice. Lean meats include:



- low fat cold cuts (95% to 97% fat free lunch meats),
- extra lean ground beef such as ground round or lean ground turkey,
- chicken or turkey breast without the skin,
- trimmed beef round, pork tender loin, and
- unbreaded fish.

- ❖ Limit the amount of lean meats you eat to 3 ounces per meal (size of a deck of cards.)
- ❖ Use less oil, margarine, lard, and butter when you cook and add less to foods.
- ❖ Use healthy oils such as canola and olive oil to replace shortening and butter.
- ❖ Measure the fat you use. For example: one teaspoon of oil is equal to 5 grams of fat, one tablespoon of oil is equal to 15 grams of fat.
- ❖ Use a nonstick cooking spray or nonstick pan instead of oil for stir frying or browning.



♥ **Be active**

Try to get at least 30 to 60 minutes or more of physical activity everyday. Walking is great exercise and it is very helpful for lowering blood sugar after meals!

♥ **Breastfeed your baby**

It is good for you and your baby. It helps lower your blood sugar. It may lower both your and your baby's chance of getting diabetes later on.

♥ **Learn to read labels**

Reading labels can help you figure out how much fat and how many carbohydrates you eat. Below are steps on what to look for when reading food labels:

Step 1. Serving Size

How much is **one** serving? On this label, one serving is 3/4 cup. The “200g” after the serving size is the weight of the food. Also pay attention to how many servings are in the container.

Step 2. Calories

How many calories are in **one** serving? Not all low-fat foods are low in calories. Foods with **40 calories or less** per serving are “low-calorie”. (For example, 2 ounces of baked chips has only 3 grams of fat but has 260 calories).

Step 3. Fat

How much fat is in **one** serving? Foods that have **3 grams of fat or less** per serving are “low-fat” (For example, this food would be a low fat food since it only has 2 grams of fat).

Step 4. Carbohydrates

How many carbohydrates are in **one** serving? One serving of carbohydrates is 15 grams. The “Total Carbohydrate” number includes fiber, sugar, and sugar alcohols because they are types of carbohydrate. They are included in the total carbohydrate number. In this example, fiber and sugar grams are listed under the “Total Carbohydrates” to show that they have been counted and you will not have to count them separately.

Step 5. Fiber

How much fiber is in **one** serving? Food with **5 grams or more** per serving are “high fiber”.

Nutrition Facts			
Serving Size 3/4 cup (200g)			
Servings per Container 11			
Amount Per Serving			
Calories 70	Calories from Fat 10		
% Daily Values*			
Total Fat 1g			2%
Saturated Fat 0g			0%
Trans Fat 0g			
Polyunsaturated Fat 1g			
Monounsaturated Fat 0g			
Cholesterol 0mg			0%
Sodium 80mg			3%
Potassium 100g			3%
Total Carbohydrates 14g			5%
Dietary Fiber 2g			8%
Sugars 0g			
Protein 2g			
Vitamin A 0%	*	Vitamin C 0%	
Calcium 6%	*	Iron 2%	
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:			
	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carb		300g	375g
Dietary Fiber		25g	30g

Step 6. How much am I going to eat?

If you ate 1 1/2 cups of this food, you would be eating two servings, and you have to double the information on the label. You would be eating 140 calories, 2 g of fat, 28 g of carbohydrates, and 4 grams on fiber.

Talk to your RD/RDN if you have more questions or need help with meal planning.

Remember, even if your blood sugar test is normal after your baby is born, it is still important that you:

- ❖ Have your blood sugar and A1c checked every year
- ❖ Follow your meal plan
- ❖ Don't drink alcohol or take drugs
- ❖ Space your pregnancies
- ❖ Get to and maintain a healthy weight
- ❖ If you need to take medication, check with your doctor about how it will affect your breast milk.
- ❖ Exercise regularly and often
- ❖ Have your blood cholesterol and lipids checked each year
- ❖ Visit your health care team again to help you do these things.

Taking these steps may help prevent diabetes later in your life. You will have worked hard during this pregnancy to stay healthy. Don't stop now.



■ WHY IS IT SO IMPORTANT THAT I BREASTFEED MY BABY?



Your breastmilk is the best food for your baby. If you have gestational diabetes, you can still breastfeed. In fact it is more important. Recent research has shown that if you have gestational diabetes and you breastfeed, you may reduce the chance of you and your baby having type 2 diabetes later in life. This makes breastfeeding very important. Your health care team can answer your questions about breastfeeding. This is a good time to ask questions.

Breastfeeding will not prevent pregnancy. You can still get pregnant even if you just had a baby. Talk to your health care team before your baby is born. Ask about the best form of family planning for you.

If you are HIV/AIDS positive, ask your doctor about breastfeeding. If you think you may be at risk for HIV and have not been tested, get tested before you start breastfeeding your baby.

Here are some tips to help you breastfeed:

- ✓ Breastfeed your baby often, at least every 3 hours.
- ✓ Eat healthy foods.
- ✓ Eat three small meals **and** three or more snacks every day.
- ✓ Drink plenty of water.
- ✓ Lose weight slowly.
- ✓ Take 400 mcg of folic acid every day. Most multivitamins have this amount.
- ✓ Ask your health care team about taking other vitamin or mineral pills.

■ DO YOU HAVE QUESTIONS ABOUT YOUR CARE?

Keeping yourself well is the best way to have a healthy baby. Now that you have read about you and your baby, if you have questions or worries, write them down on page 26. Ask your health care team your questions. The team is here for you.

Sample Menu

TIME	MEAL PLAN	MEAL IDEAS	MENU IDEAS (write down your own ideas here)
MEAL 7:00 am	Food Group	Servings	
	Milk	0	
	Starch	1	1/2 cup non-instant oatmeal
	Fruit	0	
	Vegetable	1	1 cup chopped onion, tomato, bell pepper mixed in eggs
SNACK 9:30 am	Protein	2	2 eggs
	Fat/Oil	1	1 tsp canola oil (to fry eggs and vegetables)
	Milk	1	3/4 cup no sugar added, low fat yogurt
MEAL 12:00	Starch	1	3 cups plain popped corn
	Fat	1	6 almonds
	Milk	0	
	Starch	2	2 slices whole wheat bread
	Fruit	0	
	Vegetable	1	lettuce, tomato, sprouts (on sandwich)
	Protein	2	2 oz sliced turkey
Fat/Oil	2	2 tsp regular mayonnaise	
SNACK 3:00 pm	Protein	1	1 oz low fat cheese
	Starch	1	1 tortilla (6 inches)
	Fruit	1	1 large kiwi
MEAL 6:00 pm	Milk	1	1 cup 1% or fat free milk
	Starch	1	1/3 cup cooked brown rice
	Fruit	1	1 small apple
	Vegetable	2	1 cup broccoli
	Protein	2	2 oz lean beef
	Fat/Oil	1	1 tbs regular salad dressing
SNACK 9:00 pm	Milk	1	1 cup 1% or fat free milk
	Protein	1	1 tbs natural peanut butter
	Starch	1	1 slice whole wheat bread

❖ My Food Plan ❖

Food Plan For: _____

Nutritionist: _____

Phone: _____

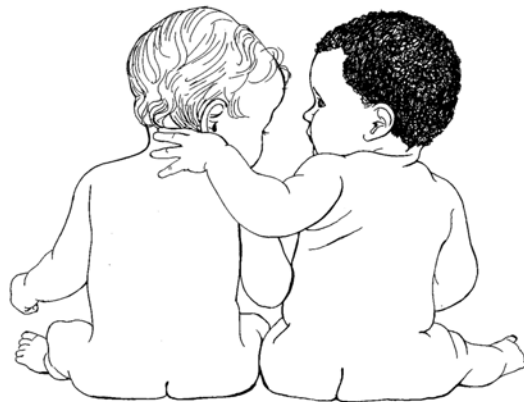
Date: _____

Calories: _____ CHO: _____

Protein: _____ Fat: _____

TIME	MEAL PLAN # Food Group Servings	MENU IDEAS	MENU IDEAS
BREAKFAST _____ _____	Milk _____ Starch _____ Fruit _____ Vegetable _____ Protein _____ Fat/Oil _____		
SNACK _____ _____	_____ _____		
LUNCH _____ _____	Milk _____ Starch _____ Fruit _____ Vegetable _____ Protein _____ Fat/Oil _____		
SNACK _____ _____	_____ _____		
DINNER _____ _____	Milk _____ Starch _____ Fruit _____ Vegetable _____ Protein _____ Fat/Oil _____		
SNACK _____ _____	_____ _____		

❖ NOTES ❖



RECORD SHEET FOR: Name: _____ Blood Sugar Goals: _____ before eating _____ 1 hour after meals

Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:		Date:		Date:		Date:		Date:		Date:		Date:	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Breakfast		Breakfast		Breakfast		Breakfast		Breakfast		Breakfast		Breakfast	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack		Snack		Snack		Snack		Snack		Snack		Snack	
Lunch		Lunch		Lunch		Lunch		Lunch		Lunch		Lunch	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack		Snack		Snack		Snack		Snack		Snack		Snack	
Dinner		Dinner		Dinner		Dinner		Dinner		Dinner		Dinner	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack		Snack		Snack		Snack		Snack		Snack		Snack	
Exercise		Exercise		Exercise		Exercise		Exercise		Exercise		Exercise	
Kick Counts Done <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>		Kick Counts Done: <input type="checkbox"/>	

RECORD SHEET FOR: Name: _____ Blood Sugar Goals: _____ before eating _____ 1 hour after meals

Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:		Date:		Date:		Date:		Date:		Date:		Date:	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise
Kick Counts Done <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>

RECORD SHEET FOR: Name: _____

Blood Sugar Goals: _____ before eating

_____ 1 hour after meals

Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:		Date:		Date:		Date:		Date:		Date:		Date:	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise
Kick Counts Done <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>

RECORD SHEET FOR: Name: _____

Blood Sugar Goals: _____ before eating

_____ 1 hour after meals

Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:		Date:		Date:		Date:		Date:		Date:		Date:	
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:		Blood Sugar:	
Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack	Snack
Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise
Kick Counts Done <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>	Kick Counts Done: <input type="checkbox"/>

Word List

AMNIOTIC FLUID - The fluid which surrounds the baby in the uterus.

CARBOHYDRATES - Carbohydrates are a component of food, along with protein and fat. They are also referred to as “starch” or “starchy foods”. The Starch, Milk and Fruit food groups contain mostly carbohydrates.

CESAREAN SECTION - A delivery of a baby by surgery. An incision (cut) is made in the mother’s belly and uterus (womb).

GESTATIONAL DIABETES (GDM) - Pregnant women who did not have diabetes before becoming pregnant and have high blood sugar levels during pregnancy are said to have gestational diabetes. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop. These hormones also block the action of the mother’s insulin. This makes it hard for the mother’s body to use insulin. For these women, sugar stays in the blood stream in an amount that is higher than normal. When the mother’s blood sugar is high, this extra sugar goes directly to the baby. The extra sugar that goes to the baby causes the baby to make a lot more of its own insulin than it should, to use up that sugar. The baby does not get insulin from the mother. Now the baby has extra sugar AND is making extra insulin. Insulin takes the extra sugar and makes it into fat. The fat that is made in this way is deposited around the baby’s belly and shoulders causing macrosomia (see MACROSOMIA on page 32). Later in the baby’s life it can lead to central obesity, cardiovascular disease and diabetes - also known as Metabolic Syndrome. This extra insulin may cause the infant to have hypoglycemia after birth.

GLUCOSE - A form of sugar that is used by the body for energy and comes from food.

GLUCOSE TOLERANCE TEST - The lab test done to diagnose gestational diabetes and to screen for diabetes after the baby is delivered. This test is done in a lab and requires the woman to drink a sweet liquid and stay seated during the test.

HORMONES - Chemicals produced by different organs in the body. Each hormone has a specific body function (job) such as growing, pregnancy, and defending the body.

INSULIN - Insulin is a hormone made by the pancreas. Insulin allows blood sugar to be carried into the cells so it can be used for energy.

KICK COUNTS - A method of determining baby’s movements. Usually start at about 26 weeks of pregnancy. Kick counts are performed once a day and look at how long it takes the baby to move 10 times, generally within one hour.

LANCET - A small needle used to get a small amount of blood so that the blood glucose (sugar) levels can be measured.

MACROSOMIA - Refers to a baby whose belly and shoulders have more fat than the average baby. Often, these babies weigh more than 9 pounds at term (40 weeks). Macrosomia at birth may be associated with low blood sugar for the baby after birth. During delivery there can be

physical injury to the baby's face, shoulders and collar bone. Later in life there can be health problems with high blood pressure, obesity, diabetes and abnormal fats.

METER - Machine which uses a small amount of blood to measure the amount of glucose (sugar) in blood.

NON-STRESS TEST (NST) - A test usually performed during late pregnancy to see how the baby is doing. This painless test involves having fetal monitoring equipment hooked up to your belly . The monitor records your baby's heart rate and uterine activity.

PLASMA - Protein containing fluid portion of blood. Holds blood cells and platelets.

PRETERM BIRTH - Birth of the baby before 37 weeks of pregnancy. Women with diabetes may experience delivery before full term (40 weeks) due to complications of diabetes.

POLYCYSTIC OVARY SYNDROME (PCOS) - A health problem that can affect a woman's menstrual cycle, fertility, hormones, insulin production, heart, blood vessels, and physical appearance. The main symptoms are irregular or no menstrual cycles and small cysts (fluid filled sacs) on their ovaries.

REGISTERED DIETITIAN (RD)/REGISTERED DIETITIAN NUTRITIONIST (RDN) - An expert on food your body's need for nutrients and how you should eat when you have medical problems. The RD/RDN can help you choose the best foods and meal plan to help you and your baby stay healthy.

STILLBIRTH - When a baby dies after the 20th week of pregnancy but before delivery. The exact cause is not known, but some are associated with out of control sugars in the mother's blood.

STRIPS - A small piece of hard plastic that is used with a meter to test blood glucose (sugar) levels.

TYPE 2 DIABETES - Type 2 diabetes results when the insulin that the body makes can not be used correctly by the cells. Treatments for type 2 diabetes include healthy eating and increased activity. If blood sugars are still too high, medication may be needed.

ULTRASOUND - A test performed during pregnancy that uses sound waves to see how the baby is doing. The baby's size, position, and organs are checked.

UTERUS - The organ (also called the womb) where the unborn baby grows.