



Gestational Diabetes Guidelines

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Gestational Diabetes

Any pregnant woman with diabetes should be referred to the Sweet Success program or diabetes specialist.

Goal

Help the client understand that she can

- Have a healthy baby
- Adjust to having diabetes
- Understand what she can do to control her blood sugar
- Know where she can go to get help in caring for her diabetes

Background

If a client develops diabetes during pregnancy or has diabetes before she gets pregnant, she requires special care.

What is Diabetes?

Normally, the body changes foods into a sugar called glucose. Insulin, a hormone the body produces, helps turn glucose into energy. With diabetes, either the body does not make enough insulin or it is not able to use the insulin appropriately. As a result, blood sugar goes up too high.

Types of Diabetes

There are different types of diabetes: Type 1, Type 2, and Gestational.

People with Type 1 diabetes do not produce insulin themselves. They must take insulin in order to survive. Type 1 diabetes usually develops before age 30 but can occur at any age.

Type 2 diabetes usually occurs in people over age 40 but can develop earlier. Many people with this type of diabetes can control their blood sugar with diet and exercise. Others may need oral medications and/or insulin to control their blood sugar levels. The prevalence of Type 2 diabetes is highest among certain ethnic groups (e.g., African-American, Native American, Latina, Asian).

Gestational diabetes occurs only during pregnancy. In this type of diabetes, the mother's blood sugar rises because of hormonal changes during pregnancy. This type of diabetes usually develops during the last half of pregnancy. In most cases, blood sugar levels can be controlled with diet and exercise, but there are some women who also need insulin. Although gestational diabetes normally goes away when the baby is born, the woman is at risk of developing Type 2 diabetes later in life. Women of certain ethnic populations (e.g., African-American, Native American, Latina, Asian, and those from the Indian subcontinent) are at higher risk of developing gestational diabetes.

Screening

Who should be screened for gestational diabetes and when?

- All pregnant women should be screened for gestational diabetes between 24 and 28 weeks of pregnancy. If the client misses her screening at 24 to 28 weeks gestation, do the screening as soon as possible.
- Women who have the following risk factors for gestational diabetes should be screened at their first prenatal visit and may need to be screened more than once during the pregnancy:
 - age 25 or over
 - obesity (greater than 120% desirable body weight)





Gestational Diabetes Guidelines

- have a history of diabetes in the family
- had gestational diabetes in a previous pregnancy
- are Latina, African-American, Native American, Asian, and from the Indian subcontinent

Problems Related to Diabetes and Pregnancy

Uncontrolled blood sugar can present the following problems for the mother and the baby:

Risks for mother

- High blood pressure
- Difficult delivery
- Cesarean section

Risks for baby

- Large for gestational age (making delivery difficult)
- Low blood sugar at birth
- Shoulder dystocia (the baby's large shoulders make delivery difficult)
- Premature birth
- Jaundice (yellow skin)
- Respiratory distress syndrome (trouble breathing)
- Stillbirth (fetal death)

Steps to Take

What should the client do if she has diabetes and is pregnant?

The goal of treatment for all types of diabetes is to keep blood sugar as close to normal as possible. Most women are able to control their blood sugar

with a meal plan and exercise routine. A pregnant woman with diabetes should:

- Follow her meal plan
- Exercise as advised by her physician
- Test her blood sugar
- Use insulin if needed
- Manage stress
- Start kick counts at 28 weeks gestation
- Make good food choices

During digestion, the body changes food into sugar. Some foods make more sugar than others, and even foods that are not sweet make sugar in the body. Most women with gestational diabetes can control their blood sugar by changing some of the foods they eat and adding exercise to their daily routine.

There is no “one” meal plan for diabetes. A meal plan should be based on the client's schedule, food preferences, cultural practices, and blood sugar levels. For this reason, she should be referred to a registered dietitian who specializes in diabetes and pregnancy, who will develop an individualized meal plan. Encourage the client to follow the nutritional guidelines described below until she is seen by a registered dietitian.

What can the client eat?

Milk, breads, fruits, vegetables, and protein foods all produce varying amounts of sugar in the body. All these foods are needed for good nutrition, but eating too much at one time can raise the client's blood sugar too high.

- Do a 24-Hour Recall as described in the Nutrition section.
- Assess the 24-Hour Recall and compare it to the





Gestational Diabetes (cont.)

Daily Food Guide to determine whether the client is eating foods that contain nutrients needed for a healthy pregnancy. See the Nutrition section.

- Review the handout *Daily Food Pyramid for Gestational Diabetes*.

How often should the client eat?

The key to good blood sugar control is small meals and a regular eating schedule.

Recommend that she:

- Eat 3 small meals and 3 small snacks spaced 2-3 hours apart.
- Allow no more than 10 hours between her bedtime snack and breakfast.
- Eat at about the same time every day.

What foods should the client limit or avoid?

Fruit juice, cookies, candies, sodas and other sweet foods will raise the client's blood sugar too high.

- Encourage her to avoid foods that are high in sugar. Use the handout **If you have diabetes while you are pregnant: Know your sugars** to help the client identify foods that are high in sugar.
- Some providers do not recommend certain artificial sweeteners during pregnancy. Have the client ask her health care provider about the use of artificial sweeteners.

What should the client eat for breakfast?

Because of hormones generated by the pregnancy, blood sugar tends to be higher in the morning.

Foods that are okay to eat later in the day may raise her blood sugar too high if eaten at breakfast. For breakfast, recommend that she:

- Keep portions small.
- Exclude foods that contain sugars such as fruit, milk, and yogurt. Instant oatmeal, Cream of Wheat®, and dry cereals should also be avoided.
- Eat a protein food such as cheese, meat, an egg, or cottage cheese with whole grain bread, crackers or corn tortillas. The protein will prevent her blood sugar from getting too high.

What can the client drink?

Beverages sweetened with sugar, such as regular soda and Kool-Aid®, will raise the client's blood sugar too much. Fruit juice also raises blood sugar quickly and is not recommended; this includes WIC fruit juices.

- Besides water, other acceptable drinks include sugar-free Kool-Aid®, Crystal Light®, diet soda, and sugar-free mineral water.
- Remind her that she can use her WIC vouchers to buy V-8®. V-8® will not make her blood sugar too high.

How much weight should the client gain?

Weight gain recommendations are the same as for women without diabetes.

- Plot and assess weight gain as described in the *Weight Gain During Pregnancy* section in the *Nutrition Guidelines* of this manual.

Getting Exercise

Exercise lowers blood sugar and is an important part of diabetes care. Exercise is usually best when done after meals. Before starting an exercise program, the client should consult her physician. See the exercise guidelines in the *Nutrition* guidelines for recommendations and risks of exercising during pregnancy.





Gestational Diabetes (cont.)

Testing Blood Sugar

Self-Monitoring at Home

Blood sugar monitoring will tell the client how she is doing with her meal and exercise plan. Usually, blood sugar is checked before breakfast and 1 hour after meals. Testing after meals should be done 1 hour after the first bite. She will need to continue testing her blood sugar throughout her pregnancy.

- The Sweet Success Team or diabetes specialist will teach her to check her blood sugar with a meter. They will explain what kind of supplies she needs and how to get them.

Blood Sugar Goals

The client should keep her blood sugar as normal as possible. Her blood sugar goals should be:

- Fasting 60-90 mg/dl
- One hour after meals 100-130 mg/dl

Blood sugar that is consistently 250 mg/dl or more puts the baby at risk for complications, including stillbirth. If the client has a blood sugar value of 200 mg/dl or greater, instruct her to call her Sweet Success program or health care provider immediately. In addition, notify your supervisor so that she/he can follow-up.

When Insulin Is Necessary

Most women can control their blood sugar with a meal and exercise plan. Some women will have to take insulin. Pills to lower blood sugar are not recommended during pregnancy since they may hurt the baby.

Insulin is injected into fatty tissue, usually in the abdomen. The amount of insulin needed is different for every woman. If the client needs insulin, she will be instructed to give herself one or more shots a day. Her need for insulin will increase as she gets further along in the pregnancy.

- Discuss fears the client may have regarding using insulin.

Adjusting to Diabetes

A pregnancy complicated by diabetes places additional demands on a woman and her family. She may find herself dealing with fears about her own and her baby's health. The extra medical appointments, dietary changes, and blood sugar monitoring may take time away from her work, family, and personal time. Finally, if there are other stresses in her life, such as relationship problems, substance abuse, or domestic violence, she may find it difficult to take care of her health.

Some women will have difficulty believing that they really have diabetes. They may ask the same questions over and over again as the weeks go on. It is important to provide accurate medical information as well as emotional support during the pregnancy, delivery, and postpartum.

It is important to find out what the client is most concerned about and what her fears are.

- Complete a psychosocial assessment as described in the Psychosocial section of this guide. Provide services as indicated.
- Assess the level of support available to her in managing her diabetes.
- Address common concerns by reviewing the **If you have diabetes while you are pregnant: Questions you may have** handout with the client.
- Discuss any additional concerns the client may have about diabetes and the adjustments she will need to make.





Gestational Diabetes (cont.)

Stress and Blood Sugar

Stress from life circumstances, whether from good or bad, can cause increased blood sugar levels. The client's making changes in her lifestyle and using stress reduction techniques may help her control her blood sugar.

- Tell the client about the effects of stress on blood sugar.
- Review the handout *Stress Reducers* with the client. Help her decide what may work for her.

Special Concerns

In addition to the normal risks involved with pregnancy, there are certain psychosocial risks related to diabetes. Any woman with identified psychosocial needs should be referred for counseling and support from a mental health professional trained in pregnancy and diabetes care. Be attentive to the following:

- Previous pregnancy loss
If she has had a previous pregnancy loss, she is likely to have increased fears regarding the health of this baby.
- Family history of diabetes
If she has friends or relatives who have diabetes, she may have certain ideas about diabetes management. She may also have fears about complications of diabetes.
- Previous or Current Substance Use
If she is or has used substances, she may be concerned that using needles will result in her experiencing a relapse. She may also be concerned about others having access to the syringes.
- Eating disorders
She may have difficulty discussing her eating habits with others. Pay attention to overeating,

undereating, binging, or purging and to resistance to working with team members. Refer clients with eating disorders to the medical provider and registered dietitian.

During Labor and Delivery

How does diabetes affect labor and delivery?

If the client's blood sugar has been well controlled throughout her pregnancy, she will likely have a normal delivery. The following interventions will be completed for all women with diabetes:

- The birth plan will be based on the size of the baby and how well the baby is doing.
- The client's blood sugar will be checked while she is in labor and delivery.
- The baby's blood sugar will be checked after delivery.

Who provides care?

Sweet Success, the California Diabetes Pregnancy Program, provides a team approach to care for women who have diabetes. The goal of the program is to improve birth outcomes and maternal health. The program has been proven to be cost-effective in preventing the complications of diabetes and pregnancy.

Any pregnant woman with diabetes should be referred immediately to the Sweet Success program or a diabetes specialist.

Treatment consists of high risk medical management as well as education and support in controlling blood sugar, diet, exercise, and psychosocial stress. The Sweet Success team may include a physician, nurse educator, registered dietitian, and clinical social worker. Some providers may refer clients to an endocrinologist or a diabetes center for care when Sweet Success programs are not available.





Gestational Diabetes (cont.)

Women with Type 1 or Type 2 diabetes are encouraged to obtain diabetes care prior to conception in order to achieve good control of their blood sugar. By doing so, they can reduce the incidence of birth defects and miscarriages. Early diagnosis and treatment of gestational diabetes reduces the risks of complications.

Follow-Up

The task of managing diabetes is difficult and demanding. The woman will need ongoing support and understanding regarding the effort it takes to follow her meal plan and check her blood sugar daily. She will need encouragement, especially toward the end of her pregnancy when she is tired and wishes her pregnancy was over. Keeping her blood sugar well controlled during the last few weeks of pregnancy is important for the baby's health.

At each visit, along with providing CPSP services, address the following issues specific to diabetes. If any concerns are identified, inform the Sweet Success team or diabetes specialist:

- Assess her adjustment to the diabetes diagnosis and the lifestyle changes she has had to make.
- Ask her if she is having any difficulties following the meal plan, exercise routine, and blood sugar testing.
- Evaluate her weight gain or loss, complete a 24-Hour Dietary Recall, and make sure she is making good food choices.
- Encourage the client to keep food intake and blood sugar records and take them with her to all her appointments. Report abnormal blood sugar values to the Sweet Success team or diabetes specialist.
- Check to see if she is doing her kick counts as instructed. See the Health Education section regarding kick counts.

- Check to see if she has experienced any changes in her psychosocial situation that affect her ability to manage her diabetes.
- Review and address any remaining fears or concerns regarding diabetes.

Postpartum

Care for gestational diabetes does not end at delivery of the baby. The following are some issues to discuss with the client postpartum.

Postpartum Adjustment

After giving so much time and energy to the pregnancy, a woman may feel exhausted and let down after the baby is finally born. She may feel this way even if the baby is healthy. Often she misses the frequent medical care visits and support from health care professionals.

- Check adjustment to parenthood.
- Check for postpartum depression. Any depression that disrupts her ability to care for herself and/or her baby must be reviewed by a mental health professional. See the guidelines on postpartum depression in the Psychosocial section.

Breastfeeding

There are numerous benefits of breastfeeding for both the client and her baby.

- Assure her that she will not give diabetes to the baby through the breast milk.
- Encourage her to breastfeed for as long as possible.
- Exclusive breastfeeding for at least 2 months is associated with a reduced risk for developing Type 1 diabetes.
- Refer to the *Breastfeeding* section under the *Nutrition Guidelines*.





Gestational Diabetes (cont.)

Testing for Diabetes

In most cases, blood sugar returns to normal after delivery. However, every woman who had gestational diabetes should be tested for diabetes postpartum. The following is recommended for postpartum care:

- The client should see her health care provider 4-6 weeks postpartum.
- A fasting plasma glucose should be done 6-8 weeks after the baby is born.
- A fasting plasma glucose greater than 126 mg/dl necessitates treatment for diabetes.
- The client should have her blood sugar tested by her health care provider yearly.
- Screening for gestational diabetes should be done early in the next pregnancy.

Planning for Future Pregnancies

Encourage the client to discuss family planning with her health care provider. Some types of birth control can cause increased blood sugar.

- Discuss handout *Now That Your Baby Is Here*.
- Refer to family planning choices in the Health Education section.
- Make sure blood sugar is normal when planning her next baby.

Risk of Developing Type 2 Diabetes

Women who have gestational diabetes are at risk for developing Type 2 diabetes later in life. They may be able to postpone development of Type 2 diabetes if they maintain appropriate weight, develop good eating habits, and establish an exercise routine. If the client develops Type 2 diabetes, she will need to receive preconception care.

Women who have Type 1 or Type 2 diabetes need to see their health care provider for continued supervision of their diabetes and to obtain preconception care for future pregnancies.

It is important to understand that many people with Type 2 diabetes do not know they have it. Some women who were diagnosed with gestational diabetes may actually have already had diabetes before becoming pregnant. This is why it is important to screen all women who had gestational diabetes 6-8 weeks after delivery.

To help prevent getting diabetes and heart disease, encourage the client to do the following:

- Return for postpartum care with the Sweet Success team or diabetes specialist.
- Get a yearly blood sugar screening.
- Maintain appropriate body weight. If overweight, a slow weight loss is recommended. See the Nutrition section for tips on weight control.
- Continue healthy eating habits using the Food Pyramid as a guide. Eat foods that are low in fat and sugar, and high in fiber.
- Maintain a regular exercise routine.
- Breastfeed as long as possible. This may help women with gestational diabetes to improve blood sugar and lipid levels.
- Check her lipids (such as cholesterol and triglycerides) at about 6 months after delivery or after she stops breastfeeding. Women with diabetes or a history of gestational diabetes are more likely to have elevated lipids that are associated with heart disease.
- Discuss handout *If you had diabetes while you were pregnant: Now that the baby is here*.





Gestational Diabetes (cont.)

Resources

Sweet Success Material and Resource Center
4542 Ruffner Street, Suite 130
San Diego, CA 92111-2250
Telephone: 858-467-4990
Fax: 858-467-4993

Guidelines for Care, 1998 with 1999 corrections, California Diabetes and Pregnancy Program (CDAPP) Sweet Success, Maternal and Child Health Branch, Department of Health Services.

Gestational Diabetes: All About You and Your Baby, San Diego and Imperial Counties, California Diabetes and Pregnancy Program, Maternal and Child Health Branch, Department of Health Services, State of California, 1996.

Gestational Diabetes-When You and Your Baby Need Special Care, Krames Communications, 1996. Available by calling Krames Communications, 1-800-333-3032.

Managing Your Gestational Diabetes: A Guide for You and Your Baby's Good Health. Jovanavic, Lois. American Diabetes Association, 800-232-6733.

Diabetes in Pregnancy: What to Expect. Jovanavic, Lois.

Diabetes Medical Nutrition Therapy. Holler, H.; Green Pastors, J. (eds.)

Referrals

The first step in caring for the client is to refer her to a Sweet Success program or a diabetes specialist for her ongoing care. She will meet with professionals in health education, nutrition, and psychosocial care. They will provide the diabetes management care she needs.

The client may need additional referrals as described in the Health Education, Nutrition, and Psychosocial sections. Refer to *Making Successful Referrals* in the First Steps section.

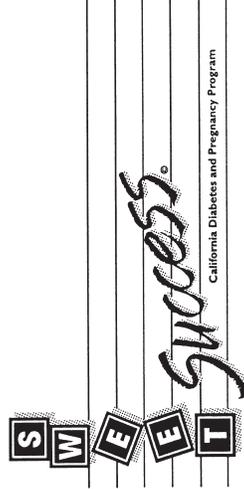


DAILY FOOD PYRAMID FOR GESTATIONAL DIABETES

Every day, plan to:

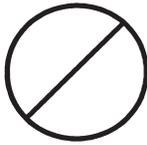
1. Eat 3 meals and 3 snacks, 2 to 3 hours apart, at the same time each day.
2. Eat a bedtime snack, no more than 10 hours before the next breakfast.
3. Drink plenty of fluids: at least six 8-ounce glasses of water or caffeine-free, sugar-free beverages. Limit coffee to 2 cups daily. Do not have any alcoholic beverages.
4. Use artificial sweeteners in moderation.

Be careful of too many carbohydrates: Carbohydrates raise blood sugar more than protein or fat. The Starch/Bread, Fruit and Milk Groups consist of foods containing mostly carbohydrate. The number of daily portions of foods from these groups should be spread throughout the day. You may want to limit the number of foods that contain carbohydrate to no more than 2 or 3 portions at each meal. For an individualized meal plan and more information, see your Registered Dietitian.



These are general guidelines from the Sweet Success: California Diabetes and Pregnancy Program, supported in part through contracts with the State of California, Department of Health Services, Maternal and Child Health Branch, Federal Title V Funds. Sweet Success Resource Center 858 467-4990

NO Sweets



Don't eat table sugar, honey, molasses, candy, jams, jellies, cakes, pies, donuts or cookies.
Don't drink regular sodas, Kool-Aid® or fruit-flavored drinks.

Fats

3 or more portions



6 - 10 Nuts



1 tsp Margarine



1 tsp Oil



1/8 Avocado

Milk

3 portions

Tip: Drink no more than 8 fluid ounces of milk at one time and do not drink milk at breakfast.



1 cup Yogurt, no sugar added



1 cup Milk



1 Egg



1 oz. Cheese or cooked Meat, Fish or Poultry



1 oz. Cheese or cooked Meat, Fish or Poultry

Protein/Meat

7 or more portions
1 portion is 1 ounce

Tip: Have 1 or more portions of protein at every meal and snack.

Fruit

2 portions

Tip: Eat 1 portion at a time; don't drink fruit juice; omit fruit from breakfast.



1 small Apple



1 small Banana



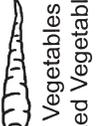
1 small Orange



2 tbsp Raisins



1 cup raw Vegetables



1/2 cup cooked Vegetables



1/2 cup Jicama

Vegetables

4 or more portions

Tip: These vegetables are great choices because they do not raise the blood sugar much.

Bread/Grain Starch

7 or more portions

Tip: Don't eat: dry breakfast cereals, instant soups, instant rice, instant noodles or instant potatoes.



1/2 cup cooked Beans, Corn, Peas or Pasta



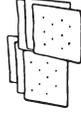
1 small corn or flour Tortilla



1 slice whole grain Bread



1/2 cup cooked Non Instant Cereal



6 saltine Crackers



1/3 cup cooked Rice

GUÍA DIARIA DE NUTRICIÓN PARA LA DIABETES DURANTE EL EMBARAZO*

Su plan para cada día:

1. Coma tres comidas y tres meriendas al día. Coma cada 2 o 3 horas, más o menos a la misma hora.
2. Coma una merienda **antes de acostarse**, para que no pasen más de 10 horas antes del siguiente desayuno.
3. Beba suficientes líquidos. Tome por lo menos 6 vasos de 8 onzas de agua u otras bebidas descafeinadas o hechas sin azúcar. No beba más de 2 tazas de café diario. No beba bebidas alcohólicas.
4. Si usa azúcar artificial (como Equal®), hágalo en moderación.

Cuidado con los carbohidratos: los carbohidratos aumentan el azúcar en la sangre más que las proteínas o las grasas. Los grupos de panes/granos/harinas, fruta y leche contienen más carbohidratos. El número de porciones de comidas de estos grupos deben ser distribuidos durante todo el día. Eso quiere decir que usted debe limitar los alimentos que contienen carbohidratos a no más de 2 o 3 porciones en cada comida o merienda. Para un plan de comida individualizado y más información, vea a su Dietista Registrada.



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Success.
California Diabetes and Pregnancy Program

Estas son guías generales del Programa de Diabetes y Embarazo de California: Sweet Success, apoyado en parte por contratos con el Departamento de Servicios de Salud del Estado de California, Agencia de Salud Materna e Infantil, fondos federales Título V. Sweet Success Resource Center 858 467-4990

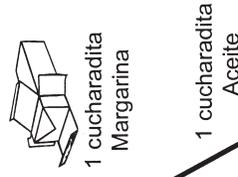
NO Dulces



No coma azúcar, miel, melaza, dulces, mermeladas, jaleas, pasteles, donas o galletas dulces, ni cajeta.
No tome jugos de fruta, Kool-Aid® sodas regulares o aguas dulces.

Grasas

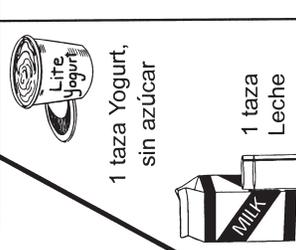
3 o más porciones



Leche

3 porciones

Nota: Beba solamente 8 onzas de leche a la vez. No beba leche en el desayuno.



Proteinas/Carnes

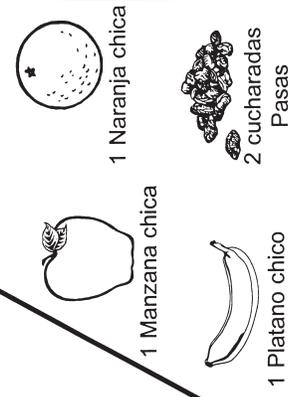
7 o más porciones
1 porción es 1 onza

Nota: Coma una o más porciones de proteína en cada comida o merienda.

Fruta

2 porciones

Nota: Coma 1 porción a la vez. No tome jugos de fruta. Evite frutas en el desayuno.



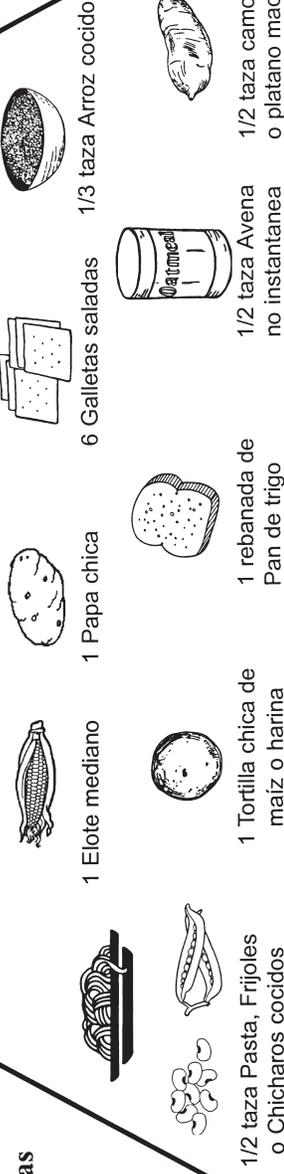
Vegetales/Verduras

4 o más porciones

Nota: Estas verduras/vegetales son selecciones excelentes porque no suben el azúcar en la sangre demasiado.

Panes/Granos/Harinas

7 o más porciones



Nota: No coma: cereales secos, comidas procesadas tal como cereales instantáneos, sopas, arroz, pastas o papas instantáneas.

If you have diabetes while you are pregnant: Know your sugars



Do not eat these high sugar-foods.

Sugar is easy to digest. It can raise your blood sugar quickly. Sugar has no vitamins or minerals. You do not need it to keep healthy.

Do not eat the foods listed below. These foods have a lot of sugar in them:

- Jam or jelly
- Cake
- Cookies
- Donuts
- Pie
- Ice cream
- Candy
- Syrup
- Drinks sweetened with sugar like regular soda, Kool-Aid® and Sunny Delite®.

Talk to your dietitian. Your dietitian can help you plan what you can eat to keep healthy. Ask your dietitian how you can fit some of your favorite foods into your meal plan.

Check the label.

Many packaged foods have added sugar. Check food labels to find out what is in them. When you read a food label, sugar can have many names. Look for the names listed below.

Do not eat foods if sugar or any of these names are one of the first four on the label:

- Invert sugar
- Honey
- Raw sugar
- Molasses
- Dextrin
- Corn syrup
- Corn sweetener
- High fructose corn syrup
- Turbinado (brown) sugar
- Sucrose
- Dextrose
- Maltose
- Glucose
- Lactose
- Levulose
- Fructose
- Sorbitol
- Mannitol
- Xylitol





Si tiene diabetes durante su embarazo: Reconozca las diferentes clases de azúcar

No coma productos que contienen mucha azúcar.

El azúcar es fácil de digerir. Puede hacer que el nivel de azúcar en la sangre suba muy rápido. No contiene ni vitaminas ni minerales. No la necesita para su salud.

No coma los siguientes productos. Estos productos contienen mucha azúcar:

- Jaleas o mermeladas
- Pasteles
- Galletas
- Donas
- Pasteles de frutas
- Helados
- Dulces
- Miel
- Aguas endulzadas con azúcar como Kool-Aid® y Sunny Delite® y los refrescos.

Consulte con la nutricionista.

La nutricionista puede ayudarle a planear sus comidas para mantenerse saludable. Pregúntele de qué manera puede incluir algunas de sus comidas favoritas en su plan alimenticio.

Lea las etiquetas.

Hay muchas comidas envasadas a la que le agregan azúcar. Lea las etiquetas para ver qué ingredientes contienen. Cuando lea las etiquetas, recuerde que al azúcar le llaman de diferentes formas. Busque los diferentes tipos de azúcar en la etiqueta.

Si alguno de los siguientes tipos de azúcar aparecen entre los primeros cuatro ingredientes en la etiqueta, no coma ese alimento:

- Sugar
- Invert sugar
- Honey (miel de abeja)
- Raw sugar (azúcar sin procesar)
- Molasses (melaza)
- Dextrin
- Corn syrup (miel de maíz)
- Corn sweetener (endulzador de maíz)
- High fructose corn syrup
- Turbinado (brown) sugar
- Sucrose
- Dextrose
- Maltose
- Glucose
- Lactose
- Levulose
- Fructose
- Sorbitol
- Mannitol
- Xylitol



If you have diabetes while you are pregnant: Questions you may have



Why did I get diabetes in this pregnancy?

There are many reasons why people get diabetes. Sometimes just being pregnant can make it happen. You may have a family history of diabetes. It may have to do with your age, your race, or your weight.

What can I expect to happen while I am pregnant?

You need special care.

- You will need to come for check-ups more often.
- You will need more tests.
- You may need to go to a diabetes specialist.

You may take part in a diabetes and pregnancy program. Your team may include a dietitian, a social worker, and a nurse along with your doctor. They will help you understand your diabetes.



- A dietitian can help you with a meal plan just for you.
- A nurse can teach you how to check your blood.
- A social worker can help you learn to relax to lower the stress that comes with having this disease and with being pregnant.
- They will all encourage you to exercise. Exercise can lower your blood sugar.

Will I have to take insulin?

Insulin is a hormone produced by your body. Most women who have diabetes while they are pregnant do not need insulin. You may need to:

- Change what you eat and drink.
- Exercise more.
- Lower your stress.

If your body does not make enough insulin, you may need to take insulin.

- Insulin helps keep your blood sugar under control.
- You need it to stay healthy.
- It will help keep your baby healthy, too.

Do I have to give up everything I like to eat?

No! But you will need to learn what the foods you eat do to your blood sugar. Ask your dietitian how you can fit some of your favorite foods into your meal plan.



If you have diabetes while you are pregnant: Questions you may have



Will my baby have diabetes?

Most likely, your baby will not have diabetes. Your child may get diabetes later on in life. To lower the chances of that happening:

- Eat a healthy diet.
- Keep your blood sugar under control while you are pregnant.
- Breastfeed your baby.
- Help your family eat healthy food.

When you breastfeed your baby, it may lower the chances that he will have diabetes later.

Will I have diabetes after the baby is born?

If you had diabetes while you were pregnant, most likely it will go away. But you may get it later in life.

You may have had diabetes before you were pregnant. You may not have known you had it. If that is true, you will still have it after your baby is born.

Will I have diabetes in my next pregnancy?

It is likely that you will have diabetes in your next pregnancy. Here's what you can do:

- Get tested for diabetes after your baby is born.
- Get tested every year. That will help you find out if you have diabetes.
- If you do get diabetes, it is very important to see your doctor before you get pregnant.
- If you get pregnant again, be sure to get tested for diabetes right away. That way you can get the care you need to have a healthy pregnancy.
- Keeping a healthy weight may lower your chances of having diabetes.





Si tiene diabetes durante su embarazo: Las preguntas más comunes

¿Por qué me dió diabetes durante este embarazo?

Hay muchas razones por las cuales personas padecen de diabetes. A veces, el sólo hecho de que está embarazada puede ser la causa de la diabetes. Tal vez corre en la familia. Tal vez tenga que ver con su edad, su raza, o peso.

¿Qué me va a pasar durante mi embarazo?

Necesita cuidado especial.

- Tendrá que venir a los exámenes de rutina más seguido.
- Va a necesitar que le hagan pruebas más seguido.
- Tal vez tenga que consultar con un especialista en diabetes.

Puede participar en un programa de diabetes y el embarazo. Su equipo tal vez incluya una nutricionista, una trabajadora social, y una enfermera junto con su médico. Le ayudaran a entender su diabetes.



- La nutricionista puede ayudarle con un plan alimenticio apropiado para usted.
- La enfermera puede enseñarle a medir el nivel de azúcar en su sangre.
- La trabajadora social puede ayudarle, enseñándole cómo puede relajarse para reducir el estrés causado por esta enfermedad y por su embarazo.
- Todos le van a aconsejar a que haga ejercicios. Los ejercicios pueden ayudarle a reducir el nivel de azúcar en la sangre.

¿Voy a necesitar insulina?

La insulina es una hormona que su cuerpo produce. La mayoría de las mujeres que tienen diabetes cuando están embarazadas no necesitan insulina. Tal vez tenga que:

- Hacer cambios en lo que come y bebe.
- Hacer más ejercicio.
- Reducir el estrés en su vida.

Si su cuerpo no produce suficiente insulina, tal vez tengan que darle insulina.

- La insulina ayuda a mantener bajo control el nivel de azúcar en la sangre.
- La necesita para mantenerse saludable.
- También ayuda a mantener sano a su bebé.

¿Tengo que dejar de comer todo lo que me gusta?

¡No! Pero tendrá que aprender cómo lo que come afecta el nivel de azúcar en su sangre. Consulte con su nutricionista para ver cómo incluir algunas de sus comidas favoritas en su régimen alimenticio.



Si tiene diabetes durante su embarazo: Las preguntas más comunes



¿Va nacer con diabetes mi bebé?

Lo más seguro es que su bebé no tenga diabetes. Su hijo puede padecer de diabetes cuando sea grande. Para disminuir esa posibilidad:

- Coma alimentos nutritivos.
- Controle el nivel de azúcar en la sangre durante su embarazo.
- Déle pecho a su bebé.
- Contribuya a que su familia coma alimentos nutritivos.

Cuando le da pecho a su bebé, reduce la posibilidad de que padezca de diabetes cuando sea grande.

¿Voy a padecer de diabetes después del parto?

Si le dió diabetes durante su embarazo, lo más seguro es que desaparezca. Pero tal vez le dé más tarde.

Tal vez tenía diabetes antes de quedar embarazada. Usted tal vez no se daba cuenta. Si eso es cierto, usted va a seguir teniendo diabetes después de que nazca su bebé.

¿Volveré a tener diabetes cuando vuelva a quedar embarazada?

Es muy posible que le dé diabetes cuando vuelva a quedar embarazada. Puede hacer lo siguiente:

- Obtenga la prueba de diabetes después del parto.
- Obtenga esta prueba cada año. Eso le ayuda para saber si tiene diabetes.
- Si resulta con diabetes, es muy importante que consulte con su médico antes de quedar embarazada.
- Si vuelve a quedar embarazada, asegúrese de que le hagan la prueba de diabetes de inmediato. De esa forma, puede conseguir el cuidado médico que necesite para tener un embarazo sano.
- Mantenga su peso a un nivel normal. Tal vez le reduzca la posibilidad de padecer de diabetes.



If you have diabetes while you are pregnant: Relax and lower your stress



Your blood sugar level can go up when you are stressed. So it's a good idea to lower your stress.

Here are some ways to help you relax:

Breathe deeply.

Sit comfortably, and put your hand on your stomach.

- Take a deep breath. Use the muscles in your stomach, not your chest.
- Feel your stomach lift up about an inch as the air goes in.
- Breathe out all the way.
- Feel your stomach go down about an inch.

Now, breathe this way slowly.

- Breathe in and count to six.
- Breathe out and count to six.
- Do this three or more times.
- Practice doing this everyday.

Relax your muscles.

Soften the tightness in your muscles.

- Tighten up, and then relax your muscles — one at a time.



- Start with your feet and work up. (Flex your feet upward to keep from getting cramps in your calves.)
- Remember to breathe!

Take time to imagine.

Think about a place where you like to be — a place that is quiet and restful.

- Picture it in your mind.
- Think about what you might see, hear, feel, touch, or taste.
- When you feel stressed, think about being in this relaxing place.



If you have diabetes while you are pregnant: Relax and lower your stress



Here are some ways to lower the stress in your life.

Pay attention to what makes you feel stressed.

- Try to make changes in your life to avoid that stress.
- Try doing the things on this sheet.
- Figure out what works best for you.

Take time for yourself.

- Call a friend.
- Read a book, watch a movie, or listen to music.
- Relax in a warm bath.
- Do crafts or a hobby.
- Rest for half an hour or more in the middle of the day.
- Take a few moments to sit in silence and think peaceful thoughts.



Get the exercise you need.

Ask your health care provider about what exercises you can do safely. For example:

- Go for a walk.
- Go swimming.
- Join a pregnant mom's exercise class.

Get some support.

All of us need someone who will listen to us.

- Find a good friend, co-worker, or relative you can talk to.
- Talk with them about what it is like to have diabetes.
- Talk to your health care team about any problems you may have.

Cut down on what you do.

Find ways to let others help you at home and at work. It's okay to ask for help. Maybe they can:

- Do the dishes or the laundry.
- Shop for you.
- Cook a meal.
- Take care of the kids.



Si tiene diabetes durante su embarazo: Relájese y reduzca el estrés.



Cuando tiene mucho estrés, se le puede subir el nivel de azúcar en la sangre. Es bueno reducir el estrés.

Hay varias maneras de relajarse:

Respire profundo.

Siéntese, póngase cómoda, y ponga su mano sobre su estómago.

- Respire profundo. Use los músculos de su estómago, no los de su pecho.
- Sienta subir su estómago como una pulgada, en lo que el aire entra.
- Exhale todo el aire que tenga.
- Sienta su estómago bajar como una pulgada.

Practique a respirar lentamente.

- Inhale y cuente hasta seis.
- Exhale y cuente hasta seis.
- Haga esto mismo tres veces o más.
- Practique esto todos los días.

Relaje sus músculos.

Reduzca la tensión muscular.

- Póngase tensa, y luego, relaje sus músculos – uno por uno.



- Comience por los pies, y siga con cada músculo hasta arriba. (Apunte hacia arriba con los pies, y flexiónelos para que no le den calambres en las piernas.)
- ¡Y no se le olvide respirar!

Deje volar su imaginación.

Piense de un lugar donde le gusta estar – un lugar tranquilo e ideal para descansar.

- Imagine ese lugar.
- Piense en lo que podría ver allí, oír, sentir, tocar, o saborear.
- Cuando siente el estrés, piense que está en ese lugar tranquilo.



Si tiene diabetes durante su embarazo: Relájese y reduzca el estrés.



Cómo combatir las presiones o el estrés.

Fíjese en lo que le causa estrés.

- Trate de hacer cambios en su vida para evitar ese estrés.
- Trate de seguir los consejos que le damos en esta hoja.
- Averigüe que funciona mejor para usted.

Haga tiempo para usted.

- Llame a alguna amiga.
- Lea algún libro, vea una película, o escuche música.
- Tome un baño tibio para relajarse.
- Practique algún arte o artesanía; algún pasatiempo.
- Descanse por media hora o más durante el día.
- Haga tiempo para poder sentarse en silencio, y pensar en cosas tranquilas.



Haga ejercicios.

Consulte con su médico sobre ejercicios que son seguros para usted. Por ejemplo:

- Salga a caminar.
- Vaya a nadar.
- Asista a clases de ejercicios con otras señoras embarazadas.

Busque apoyo moral.

Todos necesitamos quién nos escuche.

- Busque una amiga, una compañera de trabajo, o un pariente con quién puede hablar.
- Hable con ellas sobre la diabetes, y cómo se siente usted al respecto.
- Hable con su equipo médico sobre cualquier problema que tenga.

Trabaje menos.

Encuentre formas en que otros puedan ayudarla con el trabajo de la casa, o en el trabajo. Pedir ayuda, no es malo.

- Pueden lavar platos o la ropa.
- Pueden comprar la comida que necesite.
- Pueden cocinarle una comida.
- Pueden cuidarle a sus hijos de vez en cuando.



If you had diabetes while you were pregnant: Now that your baby is here



Because you had diabetes when you were pregnant, you need to take special care of yourself and your baby. Here's what you should do:



Breastfeed your baby.

- It is good for you and your baby. It helps lower your blood sugar. It may help keep your baby from getting diabetes.
- Get the support you need.
- Ask your health care provider to tell you more about it.

Keep eating healthy foods.

- Eat foods low in fat and sugar.
- Eat foods high in fiber. Snack on fruits and vegetables.
- Ask your health care provider to refer you to a dietitian.

See your health care provider.

- Be sure to say that you had diabetes when you were pregnant.

Get a blood sugar test at the lab.

This test will let you know if your diabetes has gone away.

- Get a blood sugar test at your 6 week check-up.
- Get a blood sugar test once a year.

Find out about birth control.

- Talk to your health care provider.
- Tell them you had diabetes when you were pregnant.
- Get a birth control method that is safe for someone who has had diabetes.

Get plenty of exercise.

- Take a walk every day.



If you had diabetes while you were pregnant: Now that your baby is here



Keep a healthy weight.

If you are overweight, it can help to lose weight.

- It can help prevent diabetes.
- It can help lower your chances of getting diabetes the next time you are pregnant.



Have your blood fat (lipids) checked.

- Get this test 6 months after your baby is born or after you have stopped breastfeeding.

Be sure to get a blood sugar test before you get pregnant again.

If you have diabetes, see your health care provider before you get pregnant.



Si tuvo diabetes durante su embarazo: Ahora que ya nació su bebé



Como padeció de diabetes cuando estaba embarazada, debe cuidarse bien, tanto usted como a su bebé. Haga lo siguiente:



Déle pecho a su bebé.

- Es bueno para usted y para su bebé. Ayuda a reducir el nivel de azúcar en su sangre. Le puede ayudar a su bebé, para que no le dé la diabetes.
- Pida la ayuda que necesite.
- Consulte con su médico para que le dé más información.

Siga comiendo alimentos nutritivos.

- Coma productos bajos en grasa, y en azúcar.
- Coma productos que contienen mucha fibra. Coma frutas y vegetales como bocadillos.
- Pídale a su médico que la mande con una nutricionista.

Vaya a consultas con su médico.

- Esté segura de decirle que tuvo diabetes cuando estaba embarazada.

Vaya a que le examinen el nivel de azúcar en su sangre.

Este examen comprueba si su diabetes ha desaparecido.

- Obtenga una prueba de el azúcar en la sangre cuando vaya a su examen de 6 semanas después del parto.
- Obtenga esta prueba de sangre una vez al año.

Pida información sobre la planificación familiar.

- Consulte con su médico.
- Dígales que tuvo diabetes cuando estuvo embarazada.
- Obtenga un método anticonceptivo que sea seguro para personas que tuvieron diabetes.

Haga mucho ejercicio.

- Camine todos los días.



Si tuvo diabetes durante su embarazo: Ahora que ya nació su bebé



Mantenga su peso a un nivel normal.

Si está sobre peso, le puede ser muy útil rebajar de peso.

- Le puede ayudar a prevenir la diabetes.
- Puede ayudarle a reducir la posibilidad de que le dé diabetes la próxima vez que esté embarazada.



Le deben examinar la grasa que tiene en la sangre (los lípidos).

- Obtenga esta prueba 6 meses después del parto o después de dejar de dar pecho.

Antes de su próximo embarazo, obtenga una prueba de azúcar en la sangre.

Si tiene diabetes, consulte con su médico antes de quedar embarazada.

