

# Gestational Diabetes

**Y**ou couldn't be happier. A baby's on the way. Whether you're expecting your first, second, or third child (or more!), it's the thrill of a lifetime. You've tried to be diligent following your doctor's orders, going to myriad appointments, and undergoing the battery of required tests. You're more than halfway along and all seems fine until the doctor throws you a curveball: You have gestational diabetes.

The questions pop into your brain like one long run-on sentence: What is it, how'd I get it, what can I do about it, will it hurt the baby, does it go away? Take a breath, sit down with a refreshing (not sugary) drink, and let us tell you what you need to know.

First, and most important, as long as you keep your gestational diabetes under control, your baby will be safe. Gestational diabetes is a condition characterized by blood sugar levels that are higher than normal during pregnancy in a woman who does not have diabetes. It's thought to be related to hormones that help the baby develop. These hormones can interfere with a mother's insulin production, so her body cannot make or use enough insulin. As a result, her blood sugar levels rise.

If you develop gestational diabetes, you may or may not notice any symptoms. But among the signs to look for are excessive thirst and hunger. Urinating frequently may also be a signal that your blood sugar levels are elevated, but since that's a general side effect of pregnancy, it's tougher to pinpoint the cause. The good news is that your baby will not be

born with diabetes, but gestational diabetes can still affect the child. "The most common problem from uncontrolled gestational diabetes is a large baby, especially a large head and shoulders," says Karen Marschel, RD, owner of KM Nutrition Consulting in Minnesota. This can lead to a difficult delivery and possibly the need for a C-section.



“The latest research theory, metabolic imprinting, suggests that a mother’s high blood sugar during gestational diabetes may be linked to childhood obesity in her children,” adds Maria Pari-Keener, MS, RD, CDN, whose practice is devoted to maternal health.

To prevent problems during and after pregnancy, you must keep your gestational diabetes well controlled. That means eating and exercising appropriately to maintain blood sugar levels at or near normal. Eating small, frequent meals and avoiding sugary foods and drinks are the best ways to help keep blood sugar levels on an even keel. “Emphasize lean protein such as skinless poultry, seafood, and eggs; smaller portions of high-fiber carbohydrates such as whole grain cereals, pastas, breads, and brown rice; and lots of veggies,” suggests Pari-Keener. Aim to go no longer than three to four hours between eating by planning three meals and three snacks a day.

The sidebar, compiled with information from MyPyramid.gov, gives a rough estimate of how many servings the average pregnant woman should try to eat every day from each food group. This information is based on the needs of a woman who is 5 feet, 5 inches tall and whose prepregnancy weight was roughly 130 pounds. If you are much smaller or larger, you may want to consult with a dietitian who can more accurately determine your needs.

Exercise also plays a big role in keeping blood sugar levels within the normal range. “When you exercise, your muscles use some of that extra glucose in your bloodstream,” explains Pari-Keener. Low-impact activities like walking and swimming are ideal choices, and many health clubs and community centers offer prenatal exercise classes. Whatever type of workout you choose, check with your health-care professional before exercising.

Fortunately, developing gestational diabetes does not mean you will have diabetes for the rest of your life. The condition corrects itself after the baby is born and pregnancy hormones subside. However,

## BASICS FOR HEALTHFUL EATING DURING PREGNANCY

- Grains: 8 servings daily, such as one slice of bread or ½ cup of rice, pasta, or cereal (half should be whole grains)
- Vegetables: 3 cups daily
- Fruits: 2 cups daily
- Dairy: 3 servings daily (Milk and yogurt servings should be 1 cup, and cheese servings should be 1½ ounces or ⅓ cup shredded.)
- Meat and beans: 6½ ounces daily (A 3-ounce piece of meat is about the size of the palm of your hand.)
- Oils (eg, butter, margarine, salad dressing, cooking oil, mayonnaise): No more than 7 teaspoons daily
- Sweets (eg, candy, cookies, sweetened beverages such as iced tea, lemonade, soda): Avoid

you will be at greater risk of developing gestational diabetes in subsequent pregnancies as well as developing type 2 diabetes later in life. The most important actions you can take are continuing to eat healthfully and getting regular activity.

“Several studies have shown that 30 minutes of exercise five days a week and a weight loss of about 15 pounds, if you are overweight, can reduce your chances of developing type 2 diabetes by about 60%,” says Marschel.

Certainly no one is happy when issues arise during pregnancy. But if you’re diagnosed with gestational diabetes, you can feel confident that with just a few simple steps you can keep it under control and it will have little or no impact on the bundle of joy you will soon hold. ♣

— Heidi Reichenberger McIndoo, MS, RD, LDN