

# Healthy eating for gestational diabetes

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## Information for patients

### What is gestational diabetes?

Gestational Diabetes (GDM) means raised blood sugar (glucose) found for the first time in pregnancy (usually around the second or third trimester). It occurs in about 1 in 25 pregnancies. Most women who have gestational diabetes do not have any symptoms and are found to have gestational diabetes after a screening test (usually an oral glucose tolerance test).

### Why does gestational diabetes happen?

In pregnancy the body needs to make extra insulin to control blood glucose levels. If your body is not able to make the extra insulin, your blood glucose levels will go up. This is gestational diabetes. We don't fully understand why some women develop gestational diabetes but we do know that it is more likely to happen in women who have had gestational diabetes in a previous pregnancy, who are overweight or obese, who have a family history of diabetes or are from an ethnic group in which diabetes is common.

### How will it affect my baby?

The more glucose there is in your blood, the more your baby will get. The extra glucose puts your baby at risk of growing too large, which may lead to a more difficult and earlier delivery for both you and your baby.

### What happens to the gestational diabetes once the baby is born?

The raised blood glucose levels of gestational diabetes usually go back to normal after delivery. However, women who have had gestational diabetes are likely to have it again in future pregnancies and are also at increased risk of developing diabetes outside of pregnancy.

### How is it treated?

We will advise you on changes you can make to your diet, and the importance of exercising every day, such as walking. This helps keep your blood glucose levels under control. Some women may need medication such as metformin and/or insulin.

### What can I eat?

A healthy balanced diet is important for you and your baby. It is particularly important to focus on the type and amount of carbohydrate in your diet.

Carbohydrate is an important nutrient found in many foods and drinks, and gives the body energy. During digestion, carbohydrate is broken down to glucose; this enters the blood causing blood glucose levels to rise.

Portion size is very important as the larger the portion of carbohydrate you eat the greater the rise in blood glucose. Carbohydrate comes in the form of starch (found in bread, pasta,

potatoes, rice, yam and bread) and different types of sugars are found in a variety of foods including jams, fruits, yogurts, cakes, biscuits and milk. Proteins such as meat/fish and eggs and fats (oil, margarine, mayonnaise) do not affect your blood glucose levels.

### Dietary tips to help control your blood glucose level

- Eat three small meals per day with small snacks in between, rather than three large meals
- Avoid sugary drinks such as Coca Cola, Lucozade, full sugar squash and fruit juice. Instead, have diet coke or sugar free/no added sugar squash or water
- Replace sugar in hot drinks/on breakfast cereals with sweeteners such as Canderel/Hermesetas or Splenda
- Aim for the following plate proportion at meal time:
  - 1/4 protein (meat and fish etc)
  - 1/4 carbohydrate (bread, rice, yam, pasta)
  - 1/2 vegetables
- Replace snacks such as sweets, biscuits and chocolate with healthier alternatives such as nuts, oat cakes with cheese/peanut butter, avocado, vegetable sticks with hummus, plain popcorn or low fat yogurt
- For toast toppings, avoid jam, marmalade and honey, and instead have peanut butter, cheese, marmite and avocado
- Protein foods do not cause your blood glucose levels to rise, so opt for a larger serving of lean meat, fish, eggs and nuts at meals.

Low Glycaemic Index (GI) foods are useful as they control your blood glucose levels and keep you feeling full until your next meal. Try to include some at each meal.

Switch <b>from</b> these foods:	<b>To</b> these lower GI options
<b>Bread</b> White bread Brown bread Wholemeal bread	Multigrain, granary, seeded, rye/ pumpernickel, wholemeal pita, Ryvita crispbread with seeds, oatcakes
<b>Rice and grains</b> Instant Long grain Jasmine Sticky	Basmati Brown Pearl barley Buckwheat
<b>Pasta</b>	All versions are ok. Try wholewheat.
<b>Cereal</b> Cornflakes Rice pops Chocolate/honey covered With dried fruit	Porridge (jumbo oats rather than sachets) Muesli – opt for no added sugar, and nut based rather than those containing lots of dried fruit All Bran
<b>Potatoes</b> Mashed	Sweet potato, yam, new potato (leave skin on for added fibre)
<b>Fruit</b>	All fruits are good but berries, cherries and grapefruit have a lower GI
<b>Fruit juice</b>	Sugar free squash
<b>Vegetables</b> Beans/lentils/pulses	Include all (not juiced) Include all of these – very low GI

During pregnancy it is important to keep your body hydrated. Aim to drink 1½ - 2 litres of liquid per day.

## Exercise in pregnancy/gestational diabetes

Exercising during pregnancy has been shown to have many benefits, including reducing stress and anxiety, improving sleep patterns and reducing swelling of the extremities (e.g. ankles). Exercise can also help your insulin work more effectively, which keeps your blood glucose level under control.

### Exercise guidelines

- If you do not usually exercise, start with 15 minutes three times a week and gradually build up to 30 minutes a day. Exercise should be moderate intensity, for example walking, swimming, dancing and gardening.
- If you cannot hold a conversation while you exercise, you are over doing it.
- If you exercised regularly before you were pregnant, then you can continue with the same higher intensity exercises you are used to. If you are unsure, it is best to ask your Consultant or midwife at your next antenatal appointment.

*(“Exercise in Pregnancy” Royal College of Obstetricians and Gynaecologist, 2006.  
NICE “Diabetes in Pregnancy”, July 2008)*

### Where can I get more information?

Until you have had your appointment with a member of the diabetes team, the following links can give you some useful information:

**NHS Choices: Gestational diabetes**      [www.nhs.uk](http://www.nhs.uk)  
**Diabetes UK**      [www.diabetes.org.uk](http://www.diabetes.org.uk)

### Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

### PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King’s College Hospital, Denmark Hill, London SE5 9RS:

Tel:            020 3299 3601  
Fax:            020 3299 3626  
Email:        [kch-tr.pals@nhs.net](mailto:kch-tr.pals@nhs.net)

You can also contact us by using our online form at [www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel:            01689 863252  
Email:        [kch-tr.palskent@nhs.net](mailto:kch-tr.palskent@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**

[www.kch.nhs.uk](http://www.kch.nhs.uk)  
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For more information, visit [www.kingshealthpartners.org](http://www.kingshealthpartners.org) 