فقيه

مجموعة فقيه للرعاية الصحية
Fakeeh Care Group

فقيه

د. سليمان فقيه | الأكاديمية
Dr. Soliman Fakeeh Academy



GESTATIONAL DIABETES

9200 12 777

fakeeh.care

GESTATIONAL DIABETES

The condition in which a woman has diabetes and get pregnant, while diabetes existed before the pregnancy, is called 'pregestational diabetes.' On the other hand, the condition where diabetes appears during pregnancy, but blood sugar levels were normal before pregnancy, is called 'gestational diabetes.
Gestational diabetes occurs due to hormonal changes in the placenta and usually disappears after childbirth in most cases.

Complications:

Early miscarriage - difficult birth - stillbirth (fetal death in the womb) - congenital anomalies of the fetus. increased fetal weight- necessity of a cesarean section due to the large size of the fetus.

Before Pregnancy:

- If you are, “pregestational diabetic women” visit a doctor to plan your pregnancy, in line with general health status.
- Address any health issues, control blood sugar levels within the normal range (120-70 mg/d), and keep the hemoglobin HBA1c level below 6 %.
- Maintain an ideal weight, follow a healthy diet, and engage in regular exercise.
- Your treatment plan might change, such as switching from oral tablets medications to insulin injections, as oral tablets can cross the placenta and cause problems for the fetus. Additionally, insulin doses may need to be increased during pregnancy, as the placenta produces hormones that make the body resistant to insulin.
- There may also be changes in medications used to treat other conditions llike high blood pressure and cholesterol.

During Pregnancy:

1- Monitor and control blood sugar levels as follows:

- Fasting blood sugar: Less than 95 mg/dL.
- Postprandial blood sugar (after 1 hour): Less than 130 mg/dL.
- Postprandial blood sugar (after 2 hours): Less than 120 mg/dL.
- Hemoglobin A1c: Less than 6 %.

2- Consume 3 main meals and 3 snacks according to dietary instructions to maintain stable blood sugar levels and avoid low blood sugar episodes that could affect the fetus.
3- Always carry sugar cubes or juice to consume if you experience symptoms of low blood sugar, and ensure you and those around you know how to administer glucagon in emergencies in emergency situations.

4- Perform blood sugar tests 6-7 times daily if using insulin.
5- Pay attention to testing for ketones in the blood through blood or urine tests The causes of ketones are not eating for a long time or a high increase in blood sugar levels..
6- Perform retinal and kidney function tests as per the treating physician's instructions.
7- Regularly consult a diabetes specialist every two weeks.

Treatment:

- Dietary management and maintain regular exercise (under medical supervision).
- If optimal control is not achieved, insulin injections may be required.

After Birth:

"In most cases, blood sugar levels return to normal after childbirth, but the following precautions should be observed:

- Engage in regular moderate exercise, such as walking, after consulting with your doctor.
- Follow a proper diet during the breastfeeding period and then adhere to a plan to manage your weight, especially if you have obesity, to maintain an ideal weight. Consult with your doctor and a nutritionist.
- Conduct blood tests six weeks postpartum and once a year to monitor blood sugar levels, or as directed by your doctor.
- Ensure to practice breastfeeding.
- Regularly follow up with your doctor.

NUTRITIONAL MANAGING FOR GESTATIONAL DIABETES MELLITUS (GDM)

According to the American Diabetes Association guidelines these tips focus on controlling blood sugar levels, achieving a balanced diet , and meeting the increased nutritional needs during pregnancy.

Nutritional tips for gestational diabetes:

1. Carbohydrate Management:

- **Consistent Carbohydrate Intake:** Aim for a steady intake throughout the day to manage blood glucose levels. With a daily target of 170g carbohydrates, distribute them across meals and snacks.
- **Focus on Complex Carbohydrates:** Opt for whole grains, vegetables, and legumes that have a lower glycemic index (GI) to minimize spikes in blood sugar.
- **Limit Simple Sugars:** Minimize foods high in simple sugars, such as sweets, sugary beverages, and refined grains, which can rapidly increase blood glucose.

2. Protein and Fat Inclusion:

- **Adequate Protein:** Include lean proteins such as meat, chicken, fish, legumes, and tofu in each meal to help with satiety and stabilize blood sugar.
- **Healthy Fats:** Incorporate sources of unsaturated fats like olive oil, avocado, nuts, and seeds. It is support maternal health and fetal development.

3. Meal and Snack Timing:

- **Frequent Small Meals:** Eating smaller, balanced meals every 3–4 hours can help control blood sugar levels.
- **Bedtime Snack:** A small snack with carbs and protein before bed can help prevent low blood sugar overnight.

4. Fiber for Glycemic Control:

Aim for at least 25–30g of fiber daily to slow carbohydrate absorption and improve blood sugar control. Fiber-rich foods include vegetables, fruits with skin, whole grains, and legumes.

5. Hydration:

Drink plenty of water throughout the day to stay hydrated and it supports the digestive process.

6. Exercise:

Light to moderate physical activity (e.g., walking for 30 minutes) after meals can improve insulin sensitivity and help control blood sugar level.

Sample Meal Plan 1800 kcal
(Contains 170 grams of carbohydrates)

Breakfast	• 1 slice whole-grain toast • 1 (Boiled, blended, or with a little added vegetables) • ½ avocado • 1 small apple
Morning snack	• 1 cup low-fat Greek yogurt • ¼ cup berries
Lunch	• ½ cup brown rice (22g) • ½ cup steamed vegetables • 1 serving grilled chicken breast • Green salad with olive oil and vinegar
Afternoon snack	• 30g Almonds • 1 small peach
Dinner	• ½ cup quinoa (20g) • ½ cup steamed green beans • Baked salmon • 1 cup leafy greens with olive oil dressing
Evening snack	• 1 small whole-grain cracker • Cottage cheese

فقيه

مجموعة فقيه للرعاية الصحية

Fakeeh Care Group