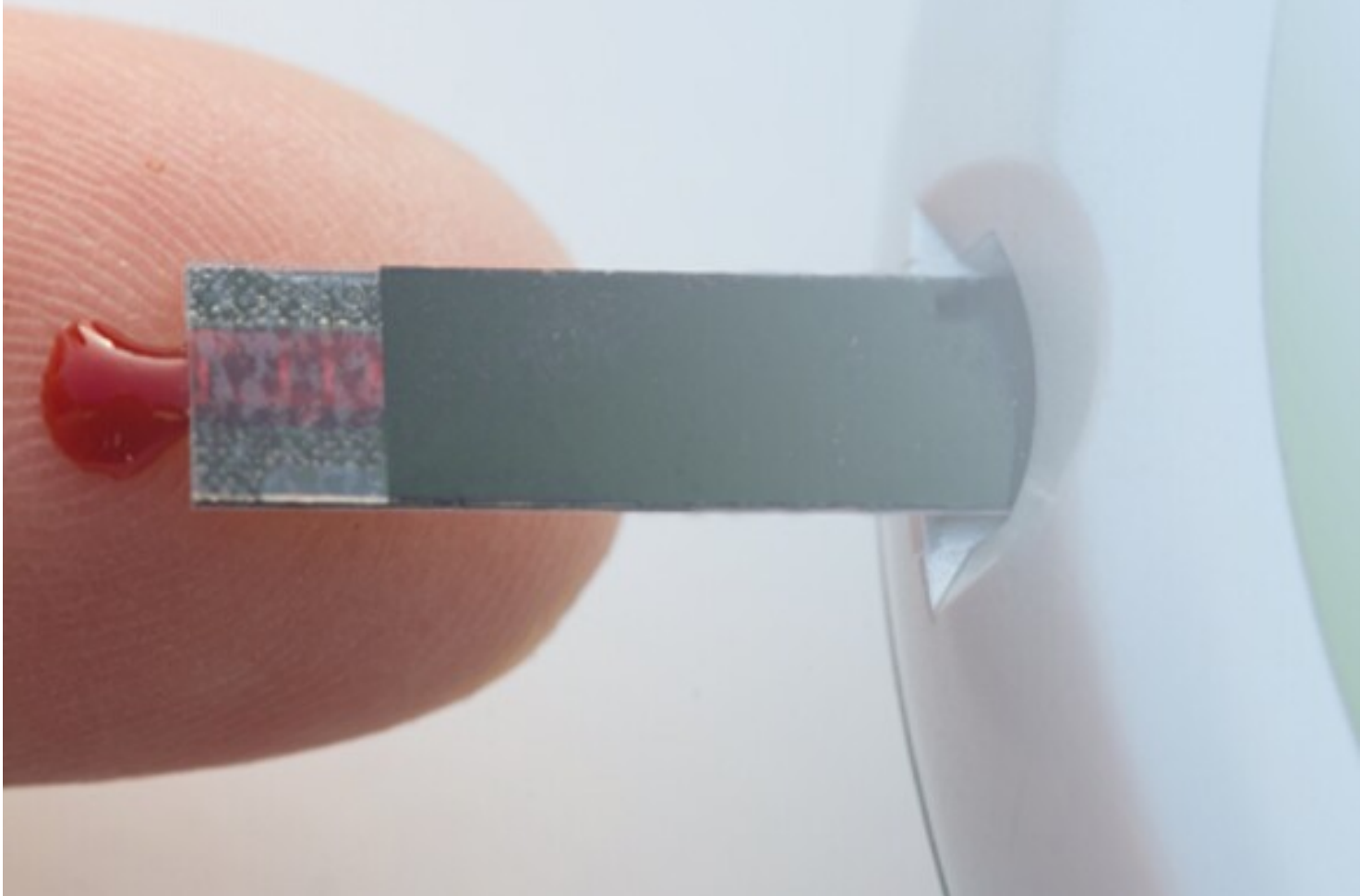


Preconception



NUTRITION PROGRAM

What's your blood sugar number?

The key question to ask if you're being tested for, or monitoring, gestational diabetes.

**3 mins
to read**

▪ **By Danial Ahmad , Author**
Jan 22, 2021

Diabetes is a condition where the amount of glucose (a type of sugar) in your blood is too high

because your body can't use it properly. If this happens when you're pregnant (usually during the second or third trimester), it's called gestational diabetes. Whether you're thinking about trying for a child or are already pregnant, there are things you can do to decrease your chances of getting gestational diabetes or to manage it carefully if you do.

Before you get pregnant:

- stop smoking
- eat a healthy diet that includes recommended amounts of fibre, fruit, vegetables, whole grains, lean meat, and dairy food
- stay at a healthy weight
- lead an active lifestyle

When you're pregnant:

- continue to follow a healthy, active lifestyle and balanced diet, as above
- ask your healthcare provider about the routine blood test you can have to tell if you have gestational diabetes
- if you find out you do have gestational diabetes, don't panic! It can be managed with diet, exercise, and—if needed—medication. Your healthcare providers will come up with a plan that's tailor-made for you. When your blood glucose is under control, the majority of moms and children continue to be healthy throughout pregnancy.

Tested positive for gestational diabetes? Ask your healthcare provider about the safe limits for your blood glucose levels. At each appointment, the key question to ask is: what's my blood glucose number?

Always check with your healthcare provider what your blood glucose limits are, but as a general guide, the International Federation of Gynecology and Obstetrics recommends these limits for the amount of glucose in the blood of pregnant women with gestational diabetes:

- Before a breakfast meal (known as a fasting value): up to 95mg/dl (5.3 mmol/L)
- 1 hour after a meal: up to 140mg/dl (7.8 mmol/L)
- 2 hours after a meal: up to 120mg/dl (6.7 mmol/L).

Sources

The American College of Obstetricians and Gynecologists. Practice Bulletin: Gestational Diabetes Mellitus. *Obstetrics and Gynecology* 2013; 406-16.

Crowther CA, Hiller JE, Moss JR et al. Effect of treatment of gestational diabetes mellitus on pregnancy outcomes. Australian Carbohydrate Intolerance Study in Pregnant Women (ACHOIS) Trial Group. *N Engl J Med* 2005; 352:2477-86.

Hod M, Kapur A, Sacks D et al. The international federation of gynecology and obstetrics (FIGO) initiative on gestational diabetes mellitus: A pragmatic guide for diagnosis, management and care. *Int J Gynaecol Obstet* 2015; 131:S173-S211.

Landon MB, Spong CY, Thom E et al. A multicenter, randomized trial of treatment for mild gestational diabetes. Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *N Engl J Med* 2009; 361: 1339-48.

Metzger BE, Gabbe SG, Persson B et al. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. *Diabetes Care* 2010; 33:676-82.

Poomalar, GK. Changing trends in the management of gestational diabetes mellitus. *World J Diabetes* 2015; 6:284-95.

Tobias DK, Zhang C, Chavarro J et al. Prepregnancy adherence to dietary patterns and lower risk of gestational diabetes mellitus. *Am J Clin Nutr* 2012; 96:289-95.

World Health Organization. Diagnostic criteria and classification of hyperglycemia first detected in pregnancy. World Health Organization 2013.

Zhang C, Tobias D, Chavarro J et al. Adherence to a healthy lifestyle and risk of gestational diabetes mellitus: prospective cohort study. *BMJ* 2014; 349, g5450 doi:10.1136

Last revised: August, 2016