

Gestational diabetes

Gestational diabetes mellitus known as GDM is a form of diabetes that occurs in pregnancy. One in every eight pregnant women in Australia will develop GDM. GDM is usually diagnosed from 24-28 weeks with an oral glucose tolerance test but may occur earlier in your pregnancy.

For most women GDM will go away after the baby is born. However, GDM is an early warning sign that you may develop type 2 diabetes in the future.

Your diabetes team will support you during this time. The team usually includes your Obstetrician, Diabetes Nurse Educator, Dietitian and Endocrinologist.

Risk factors for GDM



You are more likely to have GDM if you:

- ✓ Are over 40 years old
- ✓ Have direct family members with type 2 diabetes
- ✓ Have an Aboriginal or Torres Strait Islander, Chinese, Indian, Middle Eastern, Polynesian or Melanesian background
- ✓ Have had GDM in another pregnancy
- ✓ Have had a baby weighing more than 4.5kg
- ✓ Gained too much weight early in your pregnancy or were above your healthy weight before pregnancy
- ✓ Have Polycystic Ovary Syndrome (PCOS)
- ✓ Take steroid or anti-psychotic medications

Why is it important to manage GDM?

Managing GDM can reduce risks to you and your baby.

The risks can include:



- ✓ Caesarian delivery
- ✓ Pre-term delivery
- ✓ High blood pressure known as pre-eclampsia



- ✓ Large birth weight
- ✓ Breathing difficulties after delivery
- ✓ Low blood glucose levels after delivery

Checking your blood glucose levels

A diabetes nurse educator will teach you how to use a blood glucose meter called a glucometer. They will advise you of the target levels during pregnancy.

If you have a Medicare card you will also be registered for the National Diabetes Service Scheme, known as National Diabetes Services Scheme (NDSS). This will allow you to purchase the blood glucose testing strips at a reduced price.



Until your baby is born you will need to check your blood glucose levels **four times each day**. Your diabetes team will review these levels at least weekly.

The best times to check your blood glucose levels are:

- ✓ Fasting or before eating breakfast
- ✓ Two hours after you start eating your breakfast
- ✓ Two hours after you start eating your lunch
- ✓ Two hours after you start eating your dinner

Target blood glucose levels to aim for:

4.0-5.0mmol/L fasting or before breakfast 4.0-6.7mmol/L 2 hours after meals

What happens if my blood glucose levels are too high?

If your blood glucose levels are above target it is important to contact your Diabetes Nurse Educator or Doctor.



Reasons your blood glucose levels may be high:

- ✓ Checking your level too soon after eating. It is important to wait 2 hours from the start of your meal.
- ✓ Eating more carbohydrate in a meal than usual or eating a carbohydrate snack before checking your blood glucose level.
- ✓ Not washing your hands before checking your level.
- ✓ Being more stressed than usual.
- ✓ Being unwell with a cold or infection.

If a reason cannot be found and your blood glucose levels are higher than your targets on 2 or more occasions at the same time of the day, you will likely be referred to an Endocrinologist. Medication may then be started to help lower your blood glucose levels.

Starting insulin

If you need to commence insulin, your Diabetes Nurse Educator will teach you:

- ✓ How the insulin works
- ✓ About your prescribed type of injection device and technique
- ✓ About your insulin doses
- ✓ When and where to inject insulin and how to manage low blood glucose levels known as hypoglycaemia.



Nutrition management

A Dietitian can help you learn how food choices can help achieve your target blood glucose levels, and maintain the health of you and your baby. A food diary will be recommended by the Dietitian for review.

You will learn about:

- Choosing the right type and amount of carbohydrate food and drinks to help manage your blood glucose levels.
- Eating food that is healthy for you and baby.
- Timing of your meals and snacks.

What are carbohydrates?

- Carbohydrates are found in a variety of food and drink, and provides the body with energy
- Carbohydrates break down into glucose during digestion and increase blood glucose levels
- Many foods containing carbohydrate also provide dietary fibre, vitamins and minerals
- The amount and type of carbohydrate you eat will affect your blood glucose levels.

Whilst carbohydrates break down to glucose it is still important that they are included daily. Not having enough carbohydrate may impact on your baby's brain and nerve development.

Which foods contain carbohydrates?

Healthy carbohydrate choices:

- ✓ Wholegrain bread, Crispbread
- ✓ Wholegrain breakfast cereal
- ✓ Grains such as Barley, Quinoa
- ✓ Pasta, Noodles
- ✓ Rice
- ✓ Wholegrain flour, Wholemeal flour
- ✓ Lentils, Legumes
- ✓ Starchy vegetables including: Potato, Sweet Potato and Corn
- ✓ Fruit
- ✓ Milk, Yoghurt



Less healthy carbohydrate choices:

- ✓ Biscuits
- ✓ Cakes, Pastry
- ✓ Sugar, Agave syrup, Rice malt syrup, Coconut sugar
- ✓ Jam, Honey, Maple syrup
- ✓ Chocolate, Confectionary
- ✓ Regular soft drink, Cordial
- ✓ Fruit juice
- ✓ Potato crisps, Corn chips
- ✓ Icecream, Custard



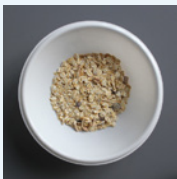
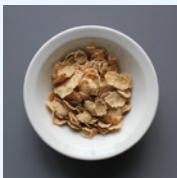
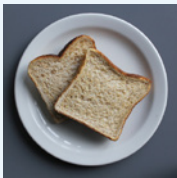

Foods that contain little or no carbohydrate:

- ✓ Meat, Chicken, Fish, Tofu, Eggs
- ✓ Oil, Avocado, Nuts, Cheese
- ✓ Sugar free drinks, Artificial sweeteners
- ✓ Non-starch vegetables including: Lettuce, Tomato, Broccoli, Cauliflower, Zucchini, Eggplant, Bok choy, Okra, Carrots



Lower and higher glycaemic index choices

The following food amounts are guides for main meals and may be individualised by your Dietitian. Speak to your Dietitian about what is right for you.

| Food | Lower GI | Higher GI |
|---|--|---|
| <p>Breakfast cereal</p>  <p>½ cup muesli or oats</p>  <p>1 cup flake type cereal or 2 cereal biscuits</p> | <ul style="list-style-type: none"> • Untoasted muesli • Rolled oats or steel cut oats (Porridge) • Wholegrain or Multigrain high fibre cereals • Multigrain Weetbix <p>See Supermarket Guide for suitable products</p> | <ul style="list-style-type: none"> • Sultana Bran • Just Right • Instant oats (Porridge) • Just Right • Cornflakes • Rice Bubbles • Puffed wheat |
| <p>Bread</p>  <p>1-2 slices</p>  <p>1 medium wrap or 1-2 small roti / chapatti</p> | <ul style="list-style-type: none"> • Multigrain and seeds • Traditional sourdough • Pumpernickel • High Fibre Low GI White bread <p>Flatbreads:</p> <ul style="list-style-type: none"> • Wholemeal pita • Mission Low GI wrap and White Corn tortilla • Roti / Naan / Chappati made with whole wheat atta or chickpea flour or soy flour | <ul style="list-style-type: none"> • White • Wholemeal • Dark or Light rye • Bagel • Turkish, Focaccia • White pita • Crumpets • English muffins • White or Wholemeal flour based Roti / Naan / Chapatti |

| Food | Lower GI | Higher GI |
|---|--|---|
| <p>Pasta and Noodles</p>  <p>1 cup cooked or 50g dry</p> | <ul style="list-style-type: none"> • Wheat pasta • Vermicelli • Mung bean noodles • Soba noodles • Fresh rice noodles • Udon • Hokkien • Buckwheat noodles | <ul style="list-style-type: none"> • Corn pasta, Rice pasta • Potato gnocchi • Noodles • Instant noodles • Canned spaghetti |
| <p>Rice</p>  <p>1 cup cooked or 50g dry</p> | <ul style="list-style-type: none"> • White or Brown long grain such as Basmati, Mahatma, Doongara • Wild • Moolgiri • Black, Red • Chia and quinoa rice blends • Sushi made from traditional Japanese rice | <ul style="list-style-type: none"> • Jasmine • White or brown medium grain • Arborio (risotto) • White rice congee |
| <p>Grains</p>  <p>1 cup cooked</p> | <ul style="list-style-type: none"> • Quinoa, Barley • Bulghur (cracked wheat) • Pearl or Israeli cous cous • Buckwheat, Freekeh • Semolina • Teff | <ul style="list-style-type: none"> • Polenta • Cous cous |
| <p>Lentils and Legumes</p>  <p>1 cup cooked or canned</p> | <ul style="list-style-type: none"> • All dried or canned including Kidney beans, Chickpeas, Brown lentils, Baked beans | |
| <p>Starchy vegetables</p>  <p>200g potato</p>  <p>1 corn cob or ½ cup or 75g kernels</p> | <p>Potato:</p> <ul style="list-style-type: none"> • Sweet potato orange flesh • Yam • Nicola, Marfona potato <p>Note: Eat skin on potato to lower GI</p> <p>Corn:</p> <ul style="list-style-type: none"> • Corn cob • Corn kernels | <ul style="list-style-type: none"> • Potato: all other white varieties such as Desiree, New, Pontiac, Sebago • Sweet potato purple skin, Kumara <p>Note: Most other salad and stir fry vegetables contain very little or no carbohydrate and do not have a GI value.</p> <p>Some semi-starch vegetables, for example pumpkin, peas, carrot, parsnip, broad beans and beetroot have a GI value, but rarely increase blood glucose unless eaten in large amounts more than 200g.</p> |

| Food | Lower GI | Higher GI |
|--|---|--|
| <p>Fruit</p>  <p>1 serve of fruit is similar to a fist size or 1 cup chopped</p> | <ul style="list-style-type: none"> • Apple, Pear • Banana, lightly ripe • Nectarine, Peach • Apricot, Plum • Orange, Mandarin, Grapefruit • Berries • Kiwi fruit • Grapes • Pineapple • Paw paw, Mango • Figs <p>Note: Strawberries, raspberries, blackberries and passionfruit have less carbohydrate compared to other fruits and have less effect on blood glucose levels.</p> | <ul style="list-style-type: none"> • Cantaloupe • Watermelon • Lychee (canned in syrup) <p>Note: fresh fruit is the best option.</p> <p>Dried fruit: eat only small amounts occasionally.</p> <p>Canned fruit: choose lower GI fruit canned in natural juice and drain excess juice.</p> <p>Fruit juice: small amounts less than 150ml.</p> |
| <p>Milk and Yoghurt</p>  <p>1 cup milk and yoghurt</p> | <ul style="list-style-type: none"> • Milk, yoghurt • Soy milk, soy yoghurt – choose products that have added calcium <p>Note: You can choose reduced fat, reduced sugar varieties depending on your preference.</p> | <ul style="list-style-type: none"> • Rice milk • Oat milk • Sweetened condensed milk |
| <p>Crispbread</p>  <p>2-4 crispbread</p> | <ul style="list-style-type: none"> • Vita-Weat 9 Grain • Ryvita Multigrain | <ul style="list-style-type: none"> • Rice and water crackers • Salada, Sao • Corn thins, Rice cakes • Kavli, Cruskits, Matza • Pretzels |

Balance your carbohydrate portion at meals with protein and low carbohydrate vegetables or salad.

Carbohydrate
 (¼ plate)

Portion:
 Fist size



Healthy fat

Extra virgin olive oil, avocado



Water



Lean protein
 (¼ plate)

Portion:
 Palm size

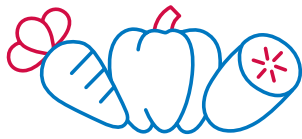


Vegetables
 (½ plate)

Raw or cooked

Portion:
 2 open hands





Snacks

Eating snacks allows you to spread your carbohydrate intake over the day to help manage blood glucose levels.

A healthy snack can be eaten 2 hours after a meal, after you have checked your blood glucose level. This allows your result to be accurate and your body time to digest the meal before digesting a snack.

Carbohydrate snacks

Choose one in between meals when you are hungry:



- ✓ 1 handful sized piece of fruit
- OR**
- ✓ 2 smaller pieces of fruit



- ✓ 1 small tub of reduced fat yoghurt
- OR**
- ✓ 1 cup of reduced fat milk or calcium fortified soy milk



- ✓ 4 Vita-weat crackers
- OR**
- ✓ 2 Ryvita with 1 tablespoon of avocado or peanut butter



- ✓ 1 small packet of roasted chickpeas such as Happy Snack Company Roasted Chickpeas or Fa-Va Beans



- ✓ 1 cup air popped popcorn such as Cobs Sea Salt Popcorn

Low carbohydrate snacks

These can be eaten as an extra snack if you are still hungry or combined with a carbohydrate snack:

- ✓ 1 small handful of nuts including almond, walnut, macadamia, brazil.
- ✓ 1 small can of tuna, salmon, sardines or chicken
- ✓ 1 hard-boiled egg
- ✓ 1/4 cup of mixed seeds, including sunflower, pumpkin seeds
- ✓ Half a small avocado
- ✓ 1-2 slices of reduced fat cheese
- ✓ Washed vegetable sticks including celery, carrot, cucumber, capsicum
- ✓ Vegetable soup with low carbohydrate vegetables or Miso soup
- ✓ Sugar free hot chocolate such as Jarrah

Meal planning

| | |
|----------------------|--|
| Breakfast | <ul style="list-style-type: none"> • 2 slices grain toast, 2 teaspoons peanut butter or 1 tablespoon avocado • 1 cup reduced fat milk |
| Morning tea | <ul style="list-style-type: none"> • 1 small banana |
| Lunch | <ul style="list-style-type: none"> • Half 420g can of legumes such as 4 bean mix and half 420g can corn kernels • Small can tuna or 2 boiled eggs • Salad vegetables – rocket, cucumber, tomato etc. • 1 kiwi fruit or 1 apple |
| Afternoon tea | <ul style="list-style-type: none"> • 4 VitaWeat crackers, 2 slices reduced fat cheese |
| Dinner | <ul style="list-style-type: none"> • 1 cup cooked pasta with beef bolognese or spinach and nut pesto • Side salad or steamed green vegetables |
| Supper | <ul style="list-style-type: none"> • 1 small tub reduced fat yoghurt |
| Breakfast | <ul style="list-style-type: none"> • 1 cup Kellogg's Guardian cereal, reduced fat milk |
| Morning tea | <ul style="list-style-type: none"> • 1 apple, 1 small handful of nuts |
| Lunch | <ul style="list-style-type: none"> • Toasted Sandwich – 2 slices grain bread • 2 slices reduced fat cheese, salad vegetables – lettuce, capsicum, tomato etc. • 1 orange or 2 small mandarins |
| Afternoon tea | <ul style="list-style-type: none"> • 1 small tub reduced fat yoghurt |
| Dinner | <ul style="list-style-type: none"> • 200g sweet potato • Grilled skinless chicken or salmon • Vegetables – carrot, broccoli, cauliflower etc. |
| Supper | <ul style="list-style-type: none"> • 1 muesli bar (e.g. Carman's Original Fruit Free) |
| Breakfast | <ul style="list-style-type: none"> • ½ cup raw rolled oats with reduced fat milk and 1 small banana |
| Morning tea | <ul style="list-style-type: none"> • 1 small tub reduced fat yoghurt |
| Lunch | <ul style="list-style-type: none"> • 1 medium size wholemeal chapatti bread or 1 slice grain bread • Lentil dahl and vegetable curry without potato |
| Afternoon tea | <ul style="list-style-type: none"> • ½ medium size mango |
| Dinner | <ul style="list-style-type: none"> • 1 cup cooked basmati rice • Lamb or Paneer curry • Side dish of cooked vegetables such as cauliflower, green beans and spinach |
| Supper | <ul style="list-style-type: none"> • 1 cup reduced fat milk |





| | |
|----------------------|--|
| Breakfast | <ul style="list-style-type: none"> • 1 cup Congee (rice porridge) using Low GI rice or • 1 vegetable pancake (using wholemeal flour) • 1 glass of reduced fat dairy or calcium fortified soy milk |
| Morning tea | <ul style="list-style-type: none"> • 1 pear, 1 small handful of nuts |
| Lunch | <ul style="list-style-type: none"> • 1 cup cooked rice noodles (stir fry or soup) • Stir-fry chicken or • Egg omelette with vegetables (e.g. snowpea, mushroom, capsicum) |
| Afternoon tea | <ul style="list-style-type: none"> • 1 cup reduced fat dairy or calcium fortified soy milk |
| Dinner | <ul style="list-style-type: none"> • 6 dumplings (~40g carbs) or 1 cup cooked Low GI rice with Beef or Tofu and • Vegetables – bok choy, broccoli, cabbage etc. |
| Supper | <ul style="list-style-type: none"> • 2 small mandarin |

Food variety

If you are following a vegetarian or vegan diet, you are more likely to need extra supplements. The Australian Dietary Guidelines make the following suggestions for women during pregnancy:

Vegetables and legumes/beans

1 serve =

| | | | |
|---|---|---|---|
| ½ cup | ½ medium | 1 cup | ½ cup |
|  |  |  |  |

| | | Serves per day | |
|----------|--|-------------------|-------------|
| | | 18 years or under | 19-50 years |
| Pregnant | | 5 | 5 |

Fruit

1 serve =

| | | |
|---|---|---|
| 1 medium | 1 cup | 2 small |
|  |  |  |

| | | Serves per day | |
|----------|--|-------------------|-------------|
| | | 18 years or under | 19-50 years |
| Pregnant | | 2 | 2 |

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

1 serve =

| | | | |
|---------|--------------|-------|--------------|
| 1 slice | ½ cup cooked | ⅔ cup | ½ cup cooked |
|---------|--------------|-------|--------------|



Serves per day

| | 18 years or under | 19-50 years |
|-----------------|-------------------|-------------|
| Pregnant | 8 | 8½ |

Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

1 serve =

| | | | | |
|-----|-----|------|---------|-------|
| 65g | 80g | 100g | 2 large | 1 cup |
|-----|-----|------|---------|-------|



Serves per day

| | 18 years or under | 19-50 years |
|-----------------|-------------------|-------------|
| Pregnant | 3½ | 3½ |

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

1 serve =

| | | | |
|-------|----------|-------|-------|
| 1 cup | 2 slices | ¾ cup | 1 cup |
|-------|----------|-------|-------|



Serves per day

| | 18 years or under | 19-50 years |
|-----------------|-------------------|-------------|
| Pregnant | 3½ | 2½ |

Extra nutritional needs during pregnancy



First Trimester

Generally, no increase unless having twins or triplets, underweight or unwell with severe morning sickness.



Second and Third Trimester

Requirements increase by 600kJ a day.
This equals one of the options below:

- 1 slice of bread
- 30g nuts
- 1 glass milk
- 1-2 serves fruit
- 4-6 wholegrain dry biscuits



Physical activity

It is recommended to include 30 minutes of physical activity on most days, unless you have been told not to. This can be broken up across the day. Including short walks 10-15 minutes after a meal can help to reduce blood glucose levels post meal. If you have not been exercising, slowly build up to 30 minutes spread out across the day.

Physical activity can include:

- ✓ Walking
- ✓ Swimming
- ✓ Pregnancy Pilates
- ✓ Bike riding
- ✓ Aqua or low impact aerobics or gym sessions
- ✓ Dancing
- ✓ Taking the stairs
- ✓ Active play with children in the backyard or playground
- ✓ Housework or gardening

Jogging or higher intensity physical activity should not be started during pregnancy. Discuss what is safe for you with your doctor.

Extra information

Healthy weight

Gaining too much weight during pregnancy can make managing blood glucose levels more difficult. It also increases the risk of complications during birth.

For women who are underweight at the time of conception, extra weight gain may be required to support the baby’s growth during pregnancy and breastfeeding after delivery.

If you are losing weight, talk to your dietitian or doctor about this.

| Pre-pregnancy maternal weight range | BMI (kg/m ²) | Maternal weight gain during pregnancy |
|-------------------------------------|--------------------------|---------------------------------------|
| Underweight | Less than 18.5 | 12.5-18kg |
| Healthy weight | 18.5-24.9 | 11.5-16kg |
| Overweight | 25.0-29.9 | 7.0-11.5kg |
| Obese | More than 30 | 5.0-9.0kg |

Source: New Recommendations for total and Rate of Weight Gain during Pregnancy Institute of Medicine 2010.

Extra weight gain is expected for mothers pregnant with twins or triplets.

Discuss your individual weight gain expectations with your doctor.

Dietary supplements

A multivitamin supplement is commonly recommended during pregnancy. Discuss your requirements with your treating doctor and dietitian.

Multivitamins not formulated specifically for pregnancy are not recommended. As there is a danger of excess intake of Vitamin A, Vitamin D and Vitamin B6, but inadequate iodine and iron.

A supplement containing at least 150ug iodine is recommended for most pregnant women in the third trimester. Iodine is important to help the baby's brain development.

If you have a thyroid condition or haemochromatosis, discuss suitable supplementation with your treating doctor before taking any supplement containing iodine or iron.

Suitable multivitamins for pre-conception and pregnancy include:



Elevit



**Fefol
Multi-Preg**



**Swisse
Pregnancy+ Ultivite**



**Blackmore's
Pregnancy &
Breast-feeding Gold**

Iron

Maintaining iron levels in early pregnancy is important to prevent a premature birth or low birth weight baby. Extra iron is needed during your third trimester to build the babies iron stores and maintain your own levels.

Iron levels should be checked early in pregnancy and then again around 28 weeks. If you have had an iron deficiency or follow a vegetarian or vegan diet, you may require an iron supplement.

Foods high in iron include:



- Lean meat
- Poultry
- Dark flesh fish like salmon



- Legumes
- Lentils
- Grains
- Nuts



- Leafy vegetables also contain iron but this iron is not absorbed as well by the body.

Calcium

Calcium supplementation may be recommended to reduce the risk of high blood pressure known as pre-eclampsia.

Dietary sources of calcium include:



Dairy foods



Soft bony fish

Almonds

Vitamin D

Vitamin D should be checked once the pregnancy is confirmed. If your levels are low, your doctor may recommend a supplement.

Alcohol

For pregnant women not drinking alcohol is the safest option.

Artificial sweeteners

Artificial sweeteners including Equal or Splenda or natural sweeteners including Stevia are safe alternatives to sugar during pregnancy.



Caffeine

Having too much caffeine may increase the risk of pregnancy complications. Intake should be limited to 200mg or less per day.



See the list below of drinks containing caffeine:

| Product | Average Serve | Caffeine |
|-----------------------|-------------------|----------|
| Decaffeinated coffee | 1 teaspoon | 3mg |
| Instant coffee | 1 teaspoon | 60mg |
| Espresso coffee | 1 regular shot | 90mg |
| Herbal tea | 1 cup/tea bag | 0mg |
| Green tea | 1 cup/tea bag | 30mg |
| Black tea | 1 cup/tea bag | 50mg |
| Hot chocolate / Cocoa | 1 cup | 10–70mg |
| Cola drinks | 500ml | 40mg |
| Chocolate | 60g | 40mg |
| Energy drinks | 1 can (230–250ml) | 70–85mg |

Food hygiene including Listeria and Salmonella

Preparing, storing foods safely and avoiding foods that may contain listeria is important during pregnancy. Listeria is dangerous and can cause premature birth or miscarriage. Listeria is killed at very hot temperatures.

Food Standards Australia make the following recommendations for food safety below:

| Food | High risk / Avoid | Lower risk |
|-------------------------------|--|--|
| Juices | Unpasteurised juices such as cold pressed or freshly made | Pasteurised juices |
| Spreads and dips | Tahini, Hummus, dips with raw egg | Packaged or homemade dips without high risk food such as tahini, raw egg or smoked fish. Eat within a day of opening or making. |
| Cold or hot cooked chicken | Purchased (whole, portions or diced) ready-to-eat  | Home cooked or take away. Cooked / reheated thoroughly and use immediately.  |
| Pate | Refrigerated pate or meat spreads | Nil |
| Salads (Fruit and vegetables) | Pre-prepared or packaged salad and sprouts (e.g. from salad bars, smorgasbords, supermarkets) Juices | Home made, freshly made, wash thoroughly. Store any leftover in fridge and use within one day of preparation. |
| Starchy foods | Cooled rice, pasta, potato and other grains | Hot rice, pasta, potato and other grains |
| Seafood | Raw (e.g. oysters, sashimi or sushi) Smoked ready-to-eat Ready-to-eat peeled cooked prawns (e.g. in prawn cocktail, sandwich filling and prawn salad)  | All freshly cooked seafood. Use immediately, store any leftovers in fridge and use within one day of cooking.  |
| Cheese | Soft, semi soft and surface ripened cheeses (pre-packaged and deli) (e.g. brie, camembert and blue cheese, fresh or cold ricotta and feta)  | Hard cheese (e.g. cheddar, tasty), processed cheese, cheese spreads, plain cream cheese, plain cottage cheese. Cheese packaged by the manufacturer. Cooked ricotta and feta  |
| Ice-cream | Soft serve Thick shakes  | Packaged frozen ice-cream  |
| Other dairy products | Unpasteurised dairy products (e.g. raw milk) | All pasteurised milk, yoghurt, custard, dairy desserts |

Mercury

You can safely consume fish during pregnancy by following the recommendations:

Recommended intake for pregnant women and women planning pregnancy

(1 serve = 150g cooked weight)

2-3 serves per week of any fish and seafood not listed below
(e.g. salmon, tuna, flathead, snapper)

OR

1 serve per week of Orange Roughy (Sea Perch) or Catfish and
no other fish that week

OR

1 serve per fortnight of Shark (Flake) or Billfish (Swordfish / Broadbill / Marlin) and
no other fish in that fortnight

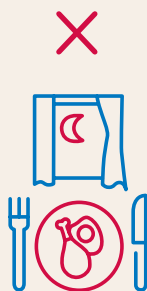
Source: www.foodstandards.gov.au/consumer/chemicals/mercury/pages/default.aspx

Too much mercury can impact on the nervous system development of the baby.

Reflux and heartburn

As your baby gets bigger it puts pressure on your stomach and this may cause reflux.

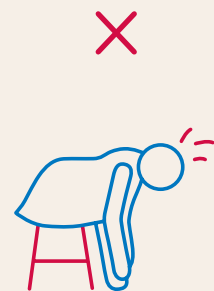
To reduce the frequency and severity of reflux:



Avoid eating large amounts at mealtimes and avoid eating late at night.



Stay upright after meals (e.g. sitting up straight or gentle walking).



Avoid bending over or lifting after meals.

Before taking any medication for reflux, discuss this with your doctor or pharmacist.

Constipation

Pregnancy hormones can slow down the muscles that assist bowel movement, this can cause constipation.

To prevent and manage constipation:



Drink plenty of fluid, especially water.



Increase dietary fibre from vegetables, legumes and wholegrains.



Add a natural fibre supplement such as psyllium added to breakfast cereal, Metamucil or Benefibre.



Maintain regular physical activity.

Before taking any medication for constipation, discuss this with your doctor or pharmacist.

What happens after delivery?

If you needed insulin or metformin during your pregnancy in most cases these are stopped once the baby is born. There is some risk that within the first 24-48 hours your baby may have low blood glucose after being born. If this happens, your baby will need special monitoring and may be transferred to a special care nursery.

Breastfeeding

Having GDM does not stop you from breastfeeding. Breastfeeding is recommended and can provide all the nutrients and fluid a baby needs until around 4–6 months of age when solid foods can be introduced.

Breastfeeding can continue beyond 6 months as long as you and your child would like to keep going.



The benefits of breastfeeding include:

- ✓ Protection for baby against chest, gut and urinary infections
- ✓ Reduced risk of obesity and conditions such as diabetes later in the baby's life
- ✓ Weight management for mother
- ✓ Reduced risk of breast and ovarian cancer for mother
- ✓ Reduced cost and preparation time compared to formula feeding

Your nutritional needs increase when breastfeeding for the following food groups:

Vegetables: 7.5 serves per

1 serve =

½ cup

½ medium

1 cup

½ cup



Bread and cereals: 9 serves per

1 serve =

1 slice

½ cup
cooked

⅔ cup

½ cup
cooked



Whilst in hospital, the nurses or lactation consultations will be able to support your journey with breastfeeding.

Babies who are not breastfed require a commercial infant formula to meet their nutritional needs.

Blood glucose monitoring after birth

Your healthcare team will advise you how often to check your blood glucose level to check these have returned to a healthy range.

Blood glucose check

It is recommended you have another oral glucose tolerance test 6–12 weeks after delivery, and then every 1–2 years. If you are planning another pregnancy, an oral glucose tolerance test should be performed at the first opportunity before conception and then again during the pregnancy.



Reducing Type 2 Diabetes risk

Women who have had GDM are 10 times more likely to develop type 2 diabetes than women who didn't have GDM.

To keep yourself healthy and reduce your risk of developing future GDM or type 2 diabetes:



- ✓ Follow a healthy balanced eating plan including: vegetables, fruit, wholegrain bread, cereals, lean protein for example meat, poultry, fish, tofu, legumes and eggs, reduced fat dairy and healthy oils including extra virgin olive oil and nuts.



- ✓ Choose high fibre and low saturated foods.



- ✓ Achieve and maintain a healthy body weight. Breastfeeding can assist this.



- ✓ Aiming to do at least 30 minutes of exercise per day including aerobic and strength training.



We wish you all the best moving forward for a safe pregnancy, please reach out to your team if you have any further questions.