

Food Intake in Pregnant Women with Gestational Diabetes Mellitus

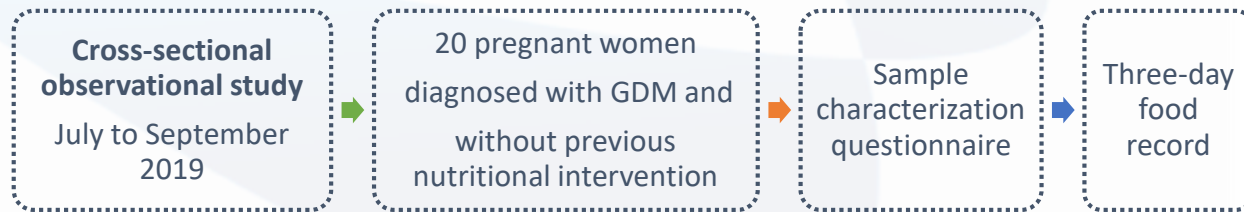
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INTRODUCTION

Gestational Diabetes Mellitus (GDM) is a subtype of hyperglycemia diagnosed for the first time in pregnancy. Inadequate glycemic control in GDM increases the risk of maternal, fetal and neonatal consequences, in this sense, nutritional therapy is essential during the follow-up of these pregnant women. The aim of the present study was to **verify the fulfillment of the nutritional requirements of macronutrients of pregnant women diagnosed with GDM** at Hospital Lusíadas Lisboa.

METHODS



RESULTS

Age (years)	35± 4 (min.26; max.42)
Pre-gestational weight (kg)	70,75± 15,31 (min. 52,0; max. 101,3)
Current weight (kg)	77,42± 15,62 (min. 60,0; max. 119,8)
Body Mass Index (BMI) prior to pregnancy (kg/m²)	26,2± 5,3 (min. 19,3; max. 37,6)
Fasting capillary blood glucose (mg/dL)	89± 9 (min.76; max.103) 75% reached the fasting capillary glycemic objective (≤95) Pregnant women who didn't meet the goal set for fasting blood glucose, had, on average, higher pre-gestational BMI
Postprandial capillary blood glucose (mg/dL)	119± 19 (min.97; max.190) 95% reached the postprandial glycemic objective (≤140)



75% of pregnant women were in the third trimester of pregnancy and the majority (40%) were diagnosed in the third trimester

FULFILLMENT OF THE NUTRITIONAL REQUIREMENTS OF MACRONUTRIENTS

Total Energy Requirements (TER) (Energy needs in non-pregnant population + 340 kcal if 2º trimester or 452 kcal if 3º trimester)

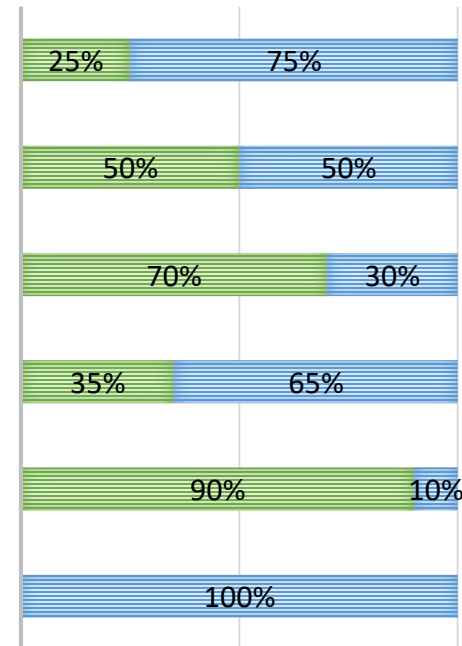
Protein (1,1g/kg of current weight/day and 15-20% TER)

Carbohydrates (50-55% TER)

Daily minimum of carbohydrates (175g)

Lipid (30% TER)

Fiber (28g/day)



■ Reach
 ■ Not Reach

CONCLUSIONS

The present study demonstrated the importance of an individualized nutritional intervention by a nutritionist in pregnant women diagnosed with GDM. The importance of this intervention is based on adherence to an adequate dietary pattern that prevents nutritional deficits, enhances clinical outcomes and contribute to reducing the incidence of GDM.

REFERENCES

1-Almeida M, Dores J, Vicente L, Paiva S, Ruas L. Consenso " Diabetes Gestacional ": Atualização 2017. Rev Port Diabetes. 2017;12(1):24-38. 2-American Diabetes Association. Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes - 2019. ADA. 2019. 3-Simeoni U, Sobngwi E. International Journal of Gynecology and Obstetrics The International Federation of Gynecology and Obstetrics (FIGO) Initiative on gestational diabetes mellitus : A pragmatic guide for diagnosis, management, and care. Int J Gynecol Obstet. 2015.