

## A Case Study on Gestational Diabetes Mellitus

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**Keywords:** A 35 year old staff nurse G3,P3,L2 –h/o LSCS short frame with height 149 cm and weight 55 Kg (before conception) has been detected with post Prandial high blood sugar Past history of appendectomy 2000, on OPD basis came FOR DIET CONSULTATION, on 15th November 2017.

**Introduction**

Gestational diabetes is high blood sugar that develops during pregnancy and usually disappears after giving birth, is more common in the second half. Extra glucose in bloodstream crosses the placenta, which triggers baby's pancreas to make extra insulin. This can cause the baby to grow too large (macrosomia). A mother's high blood sugar may increase the risk of early labour and delivering baby before the baby's due date. Babies of mothers with gestational

diabetes may experience respiratory distress syndrome even if they're not born early. After delivery also Babies of mothers who have gestational diabetes have a higher risk of developing obesity and type 2 diabetes later in life. Untreated gestational diabetes can result in a baby's death either before or shortly after birth.

**First consultation**

Having diagnosed GDM in her 6th month (18/10/2017), advised a low carbohydrate diet in her 7th month with equal distribution of carbohydrates in each meal. Food habit eggetarian (her actual RDA (recommended dietary allowance) REQUIREMENT being sedentary in lifestyle 1900+350 KCAL (during pregnancy), PROTEIN 55 +ADDED 30 GM .her food habits being vegetarian.

**Medical nutrition therapy: Small meal at regular interval with less than 65% carbohydrate distribution**

Name: Swapaali Shhinde

Age: 35 years

Date: 12/11/17

Sex: Female

Diagnosis: Type II DM, Gestational

Diet Advised: FDD

Nutritional Supplement:

Meal Time	Item	Amt	CHO	Prot	Fat	Calories
			Gm	gm	gm	Kcal
Early morning	Ginger powder +2 dates +1 fruit	250ml	25	-	-	105
Breakfast	Milk	250ml	45	11.11	10	450
	Non fried snack	1 serving				
Mid morning	Fruit+lime juice		12.5	-	-	200
Lunch	Soup	1 Bowl	92	22	15	450
	Chapatis OR	1 no.				
	Rice	½ Wati				
	Whole pulse	2 Wati				
	Veg A	2 Wati				
	Curd	2 Wati				
	Salad	Plenty				
3pm	Mini snack optional					

Tea –Time	Tea /milk					
	Non fried snack					
	Chapati					
6pm	Milk /curds	250ml				
Dinner	Same as lunch					
Bed – time	Milk+dry fruits	1 cup	15	10	15	250
<b>Total</b>			<b>331.5 gms</b>	<b>82.22 gms</b>	<b>65 gm</b>	<b>2305 Kcal</b>
<b>Percentages</b>			<b>57.52%</b>	<b>14.26%</b>	<b>25.3%</b>	<b>100%</b>

### Follow up visit

Her follow up visit was scheduled after 4 weeks on 28 /12 /2017 in which changes according to previous intake of patient. During this period she followed the diet thoroughly. In her entire pregnancy she was advised not to consume outside/junk food at all. She was given fruits (one exchange at one time) and dry fruits. She use to consume 5-6 almonds in the morning along with ginger powder and no honey no juices especially fruits .she was counselled not to have honey and large meal as it will increase her blood glucose Post Prandial Blood Sugar was high so also counselled to have more curds and salad and vegetable. She had a habit of eating little rice with ghee in the lunch and dinner. She was having coconut water in the evening daily. Also, she consumed milk without sugar approx 350ml twice a day.

Her HbA1c on 7<sup>th</sup>December'2018 was 6.18. taking precautions, the doctor decided to started with Tab. Glycomate 250 mg on 28<sup>th</sup>December'2017 thrice a day after each meal successfully.

Diet reviews Asked her to stop honey which she use to consume early morning with ginger water Admitted to hospital for elective LSCS on 24<sup>th</sup> of January Similar case I would like to share. Her total weight gain in pregnancy was around 13.8 kgs according doctor her high blood sugar is because of increased weight. Her perfectly under control. BP110/70 during pregnancy.

### Clinical Reports

Date	Post Prandial Blood sugar reading (mg/dl)
9/11/2017	147.58
24/11/2017	151
6/12/2017	131.13
21/12/2017	152.77
Latest reading	121

### At the time of Discharge

She underwent (LSCS) lower section caesarean section, delivered baby boy. The birth weight of the baby is 3.3 kgs with no complications. Sugars under control no medication post-delivery she was given a well balanced diet post delivery.

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