

Eating right during special circumstances

IF you are diagnosed with diabetes, your doctor would advise you to keep your blood glucose level within the normal range (between 3.8 and 6.1 mmol/L when fasting and below 7.8 mmol/L after food) to keep long-term and short-term complications at bay.

However, you may encounter special circumstances, like pregnancy and fasting, that put you at risk.

Managing your diet during pregnancy

If you are pregnant and a diabetic, you need to strictly control your blood glucose levels, to avoid problems to you and your baby.

Problems to your baby that may arise include congenital malformations (physical abnormalities that may be life threatening), which are caused by poor blood glucose control at conception and thereafter.

Your baby is also at risk of macrosomia (abnormally large baby) caused by elevated blood glucose levels in the mother, which stimulates the foetal pancreas to produce insulin earlier. This insulin acts as a growth hormone, causing the foetus to become large but not proportional.

After birth, as there is a sudden decrease of glucose supply from the mother once the umbilical cord is cut, your baby might experience hypoglycaemia (low blood glucose level).

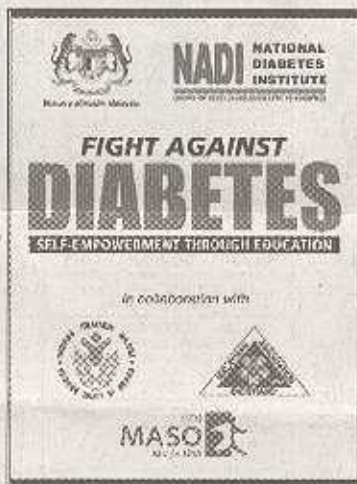
On your side, there is an increased risk of hypoglycaemia (blood glucose level below 2.2 mmol/L) due to continuous draw of glucose for the baby.

The symptoms of hypoglycaemia are confusion, dizziness, extreme hunger, shakiness and sweating.

It is advisable to consult a dietitian for a diet plan to maintain your blood glucose level and achieve a healthy weight gain during pregnancy.

● Eating during pregnancy — increased calorie intake

The Malaysian Dietitians' Association Medical Nutrition Therapy Guidelines for Type 2 Diabetes says caloric need is not increased during the first trimester.



During the second and third trimester you need an extra 300 kcal/day because your growing foetus needs more nutrients.

This increased caloric requirement can easily be achieved by two glasses of low-fat milk and two slices of wholemeal bread daily.

● Spread carbohydrate intake

Whether you are pregnant or not, spread your carbohydrate (for example, rice, bread and cereal) intake throughout the day.

You should still adopt a healthy eating habit by having three regular meals and snacks in between the main meals. This is important to avoid hypoglycaemia in pregnant mothers with diabetes.

Besides that, carbohydrates are generally less well tolerated at breakfast compared with other meal times. This makes it essential to have a snack containing carbohydrates before lunch to combat low blood sugar level in the morning.

An evening snack is also necessary to prevent ketosis overnight. Ketosis occurs as a result of increased ketone bodies in the blood stream.

It happens when the blood glucose level in pregnant mothers declines, prompting the body to break down fat as energy, which in turn produces

ketone bodies. Once it occurs, the pregnant mother would experience excessive nausea and vomiting, extreme tiredness, weakness, and if not treated, may lapse into a coma.

● Consume adequate nutrients

You need to consume adequate amounts of vitamins/ minerals (calcium, iron and folate) vital for healthy formation of the foetus.

● Coping during Fasting

People with diabetes should get a doctor's advice first, as fasting could be hazardous if your health is not in optimal condition.

During fasting, you might experience hypoglycaemia. You should monitor your blood glucose level frequently, and stop fasting if hypoglycaemia occurs.

Ketosis could also occur during fasting as the body becomes too dehydrated due to lack of fluid intake and increased perspiration.

When you are dehydrated or not taking food, especially carbohydrates, hormones that induce the breaking down of fats are secreted.

This results in the increased level of ketone bodies in the body. You may experience nausea and vomiting, and if left untreated, drowsiness and subsequently coma may set in.

Gestational diabetes develops during pregnancy, and is caused by metabolic changes brought about by the effects of hormones associated with pregnancy.

If gestational diabetes is diagnosed, the mother should control her blood glucose levels. In most cases the disease can be controlled through diet and regular physical activity.

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