

Understanding Gestational Diabetes

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You may not have heard about gestational diabetes until you were told that you have it. Now you may be asking yourself:

- What is gestational diabetes?
- How did I get it?
- How do you know I have it?
- What problems can it cause for my baby and me?
- How do I take care of my baby—and myself?
- Will I have to take diabetes medicine?
- If I get sick, how should I care for myself?
- What tests will I have during my pregnancy?
- What will happen after my baby is born?

Your diabetes care team will help answer your questions. They will teach you how to take care of yourself in order to have a healthy pregnancy and a healthy baby.

What is gestational diabetes?

Gestational diabetes is a type of diabetes that begins—or is first seen—during pregnancy (gestation). About 1 in 14 women (7 percent) will develop gestational diabetes.

Diabetes keeps your body from using energy (calories) from the food you eat. This can happen if your body is not making enough of a hormone called **insulin**. It can also happen if the insulin your body makes does not work the way it should.

Insulin helps your body use the nutrients from the foods you eat. One of these nutrients, called **carbohydrate**, changes to **glucose** (sugar) in the blood. Normally, insulin carries glucose from the bloodstream into the body's cells. When this does not happen, glucose can build up in your blood.

When you have gestational diabetes, the hormones made by your placenta make your body's own insulin less effective. We call this **insulin resistance**.

Gestational diabetes most often appears between the 24th and 28th weeks of pregnancy (but it can appear anytime before the baby is born). For most women, it goes away after the birth. This is because the placenta is no longer present to produce hormones that cause insulin resistance.

Once your baby is born, your blood glucose levels should go back to what they were before you were pregnant. But there is a 60 percent chance you will develop type 2 diabetes later in life. And you are more likely to have gestational diabetes during any future pregnancies.

Who is at risk for gestational diabetes?

You are at greater risk for gestational diabetes if you:

- Were overweight when you became pregnant
- Are over 25 years of age
- Have a close relative with diabetes
- Have given birth to a baby weighing more than 9 pounds
- Have had gestational diabetes in a previous pregnancy
- Are Latina, African American, Native American, Asian or Pacific Islander
- Have had a pregnancy that ended in stillbirth
- Have polycystic ovary syndrome (PCOS).

How do you know that I have gestational diabetes?

We know that you have it based on a lab test ordered by your doctor around the 24th week of your pregnancy. You drank a sweet drink, and your blood glucose was tested after one hour. If you have any of the risk factors listed above, you were tested earlier in your pregnancy.

If the blood glucose result from your test was too high, your doctor probably ordered a three-hour glucose tolerance test.

If two or more of your blood glucose values during the test were higher than normal, you were diagnosed with gestational diabetes. If only one value is higher, you should have another three-hour test done at 33 weeks of pregnancy.

Results for your 3-hour glucose tolerance test

Testing time	Normal blood glucose	Your blood glucose levels
<i>Fasting</i>	95	
<i>1 hour after eating</i>	180	
<i>2 hours after eating</i>	155	
<i>3 hours after eating</i>	140	

Will my baby be born with diabetes?

No. Having gestational diabetes does not mean that your baby will be born with diabetes.

Will my baby have a birth defect because of my diabetes?

The answer is usually no—if your blood glucose levels were not high during the first 12 weeks of pregnancy.

Most birth defects happen within the first 12 weeks. This is the time when your baby is developing its organs and features. By the end of the 12th week, your baby is fully formed and beginning to grow larger and more mature.

The placenta does not start to make large amounts of the hormones that cause gestational diabetes until around the 24th week of pregnancy.

Are there other possible problems?

Yes. Problems can occur when your blood glucose is not controlled. If your blood glucose is well controlled, most moms and babies will have no problems.

Possible problems are listed below.

For baby

- **Large size, more than 9 pounds (called macrosomia).** If your blood glucose is too high, the baby will weigh too much. A large baby can make delivery harder on both you and the baby. It can also increase the need for a cesarean delivery (C-section). Some large babies may have injuries to their shoulders during delivery. And large babies have an increased risk for diabetes later in life.
- **Low blood glucose (hypoglycemia):** If your glucose is high, the extra glucose in your blood will cause your baby's body to make extra insulin. After the birth, when the baby is no longer getting your blood, these high levels of glucose are suddenly cut off. The extra insulin in your baby's body can cause glucose levels to go too low. Low blood glucose is called hypoglycemia. Your baby will be monitored for this.
- **Respiratory distress syndrome:** High blood glucose in a baby can lead to high insulin levels, which could make your baby's lungs mature more slowly. If this happens, your baby may have problems breathing when he or she is born.
- **Jaundice:** The newborn's skin and eyes may become yellow due to excess waste in the blood. This occurs when the baby's liver is immature and unable to rid the body of waste products. It is easily treated with special lights.

For mom

- **Premature labor and delivery:** If the baby gets too big, the chances of a premature birth are greater. High blood glucose may also lead to pre-term (early) labor.
- **Pre-eclampsia:** Also called toxemia or pregnancy-induced hypertension (PIH). This means high blood pressure, which is not safe for you or your baby.
- **Urinary tract infections:** These may be more common and could lead to premature labor and delivery.

How do I take care of my baby and myself?

Treatment for gestational diabetes always includes:

- Healthy eating
- Daily physical activity
- Checking your blood glucose at home
- Checking your urine ketones at home

You may also need to take diabetes medicine.

Healthy eating

Healthy eating is an important part of a healthy pregnancy. It is also important for blood glucose control.

To get the nutrients you need and control your blood glucose levels, you will need to eat 6 to 7 small, well-balanced meals and snacks each day. Each meal and snack should have a consistent amount of carbohydrate. Choose a variety of foods.

A dietitian will work with you to develop a meal plan (see pages 11 to 14). This will ensure you are getting the right amount of nutrition.

The goals of your personal meal plan will be:

- Good nutrition for you and your baby
- Blood glucose levels in the normal range
- Preventing urine ketones
- Healthy weight gain during your pregnancy.

You will need at least 1800 calories each day. While the foods you eat contain many different nutrients, three types are especially important in giving you energy and helping you manage your diabetes and weight in pregnancy: carbohydrates, proteins and fats.

Carbohydrates

Foods with carbohydrates are the body's main source of energy. Carbohydrates break down during digestion into glucose. Your pancreas releases insulin after you eat. This carries the glucose through the bloodstream into the cells of the body. The cells use the glucose for energy. Carbohydrates also contain important vitamins, minerals and fiber, which are necessary for good health. They are an important part of a healthy diet.

- Healthy carbohydrates are found in:
 - Milk and yogurt
 - Fresh, canned or dried fruit and fruit juice
 - Grains and grain products: bread, pasta, rice
 - Starchy vegetables: peas, corn, potatoes and winter squash, dried peas, beans and legumes
- Less healthy carbohydrates are found in candy, desserts, salty and fatty snack foods and sweetened beverages.

- You need at least 175 grams of carbohydrate each day. Work with your dietitian to find out how much to eat at each meal and snack. (See back of booklet for more information.)
- Choose carbohydrates that are high in fiber, such as whole grains and whole fruits. **Aim for 3 to 5 grams of fiber for each serving of carbohydrate.**

Protein

Protein also contains energy. It helps your baby to grow. It also allows your body to make and repair muscles and other body tissues. Your body uses protein to make many of the chemicals it needs to work properly.

Protein has no effect on blood glucose. Protein is found in:

- Chicken, turkey, beef, pork and other meats
- Fish and other seafood
- Eggs and cheese
- Tofu and soy products
- Beans, peas and legumes (they contain carbohydrate)
- Nuts and nut butters.

Make sure to include protein at each meal and, if needed, at snacks.

Reading labels on food packages

A nutrition facts label shows the calories and nutrients in one serving of a food product.

Serving size

Check serving size carefully. This tells you how large one serving will be. Next, look at the servings per container to see how many servings are in each package. Even a small package can have more than one serving.

If you eat two servings, you will get twice the number of carbohydrates and nutrients listed on the label.

Calories

The total number of calories are listed per serving.

Total fat

Total fat includes all the saturated, polyunsaturated, monounsaturated and trans fats in one serving. Try to limit saturated and trans fats. These can raise your cholesterol.

Nutrition Facts

Serving Size ½ cup (90g)

Servings Per Container 4

Amount Per Serving

Calories 100 Calories from Fat 30

% Daily Value

Total Fat 3g 5%

 Saturated Fat 0g 0%

 Trans Fat 0g

Cholesterol 0mg 0%

Sodium 300mg 13%

Total Carbohydrate 13g 4%

 Dietary Fiber 3g 12%

 Sugars 3g

Protein 3g

Total carbohydrate

Since carbohydrates have the greatest effect on blood glucose, it is very important to track how many carbohydrates you are eating. (See pages 11 to 14 for more information.) The amount of carbohydrate on a food label is always listed as “Total Carbohydrate.” This includes the amount of carbohydrate that comes from sugar and dietary fiber.

Other ingredients

Cholesterol: You should eat no more than 200 to 300 mg of cholesterol a day.

Sodium: Limit sodium (salt) to no more than 2,300 mg per day. If you have high blood pressure, eat no more than 1,500 mg per day.

Dietary fiber: Try to eat at least 20 to 35 grams a day.

Sugars: This number includes sugars that occur naturally in the food and sugars that have been added to the food.

Protein: Note the amount of protein listed to help you stay within your daily protein guidelines. Your dietitian will tell you how much protein is right for you.

Fats

Fats are used to make cells, hormones and other chemicals the body needs to work properly. Fat does not affect blood glucose. It supplies energy and nutrients to help you and your baby get the nutrition you need.

When choosing foods that contain fat, try to limit animal fats (such as whole milk and bacon). You should also replace butter and stick margarine with liquid oils (such as olive or canola oil). Ask your dietitian how much fat you should eat.

Physical activity

Being physically active every day is important for a healthy pregnancy. If you are active for 10 to 15 minutes after each meal, it can help lower your blood glucose.

While exercise is good for you, it can be harmful if you exercise too much or too hard. Gentle types of exercise include:

- Walking and low-impact aerobics
- Swimming
- Yoga for pregnancy.

Use caution with:

- Running, jogging, jumping
- Jarring or high-impact activities
- Strength training
- Activities with the risk of falling
- Exercising in hot and humid weather.

Before you start an exercise program, talk with your doctor.

A healthy weight gain depends on where you started

Pre-pregnancy weight	Recommended weight gain
<i>Normal weight</i>	25 to 35 pounds
<i>Underweight or under age 18</i>	28 to 40 pounds
<i>Overweight</i>	15 to 25 pounds
<i>Obese</i>	15 pounds
<i>Twin pregnancy</i>	35 to 45 pounds

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Blood glucose monitoring

Checking your blood glucose levels at home involves measuring the amount of glucose in a drop of blood. This will tell you and your care team if your meal and exercise plans are working. If they are not, the plans can be changed.

Follow the instructions that come with your blood glucose meter. If you have problems, call the phone number on the back of your meter.

Tips for checking your blood glucose:

- Wash your hands in warm, soapy water. Rinse and dry them completely.
- Poke the side of the fingertip, not the pad.
- Use a different finger each time you check.
- Rather than squeezing the fingertip, push from the base of your finger toward the tip.
- Write the blood glucose number in your log book.

Disposing of sharps

Lancets used for checking blood glucose and needles used for injecting insulin are called “sharps.” Put these in a sharps container right after using them.

Choose a container that:

- You can close and seal tightly
- Will stand up straight and not tip over
- Will not leak, break, crack or let the sharps push through
- Is clearly labeled
- Is easy and safe to dispose of. (Most communities have rules for throwing away sharps. Contact your garbage company for more information.)

Your care team will tell you when to check and how often. Write your results in your log book and **bring your log book to every medical visit**. You will find goals for your blood glucose on the chart below.

Your blood glucose goals

Testing time	Blood glucose goals
<i>Before breakfast</i>	
<i>1 hour after meals</i>	
<i>2 hours after meals</i>	
<i>In the middle of the night</i>	

If your blood glucose is high after meals, ask yourself:

- Did I have too much carbohydrate at my meal? This can cause your glucose to rise. See page 11 to find the right amount.
- Did I have too little carbohydrate, or did I skip a meal or snack? This can also cause your glucose to rise.
- Can I be active for 15 minutes after I eat? This helps your body “use up” glucose.

Urine ketone checks

You will be asked to do a urine check every morning when you wake up. This is a simple test where you dip a special testing strip into your urine and compare the results to a color chart.

This checks for **ketones** in the urine. Ketones are chemicals that are released into the bloodstream when you are not eating enough, do not have enough insulin, or are not able to use your insulin.

If you have ketones in your urine, ask yourself:

- Did I have 30 grams of carbohydrate with protein at bedtime? It is important to do this every night.
- Did I get enough carbohydrates and protein at dinner? See page 11 to find the right amount.
- Am I cutting back on my calories? It is important to eat at least 1800 calories each day.

If you still have ketones, try drinking an 8-ounce glass of milk when you get up to use the bathroom at night. If ketones remain a problem, tell your diabetes educator.

Will I have to take diabetes medicine?

If your blood glucose is above the goals we've set, you may need medicine.

- Insulin is the best treatment. It has been used for years to help pregnant women control their blood glucose. It does **not** cross through to the placenta and works well to lower blood glucose.
- Diabetes pills are newer and there is less history of their use in pregnancy. Ask your doctor if one of these medicines is right for you.

Needing to take medicine to control your blood glucose does **not** mean that you have done something wrong. Gestational diabetes is different for every woman and must be treated according to your body's needs.

About insulin

Insulin lowers blood glucose by moving glucose from the bloodstream into the cells of the body, where glucose is used for energy.

Insulin is given using a syringe or insulin pen. Your care team will show you how to do this.

About hypoglycemia

If you take medicine to lower your blood glucose, your glucose could get too low. This is called **hypoglycemia**. Your care team will tell you how to prevent and treat this.

If I get sick, how should I care for myself?

When you are sick, your blood glucose may be higher than usual. It is important to do the following:

- Check your blood glucose before and after every meal and at bedtime. Record your blood glucose levels.
- Try to sip 6 to 8 ounces ($\frac{3}{4}$ to 1 cup) of calorie-free, caffeine-free liquid every hour while awake. This will help keep you hydrated.
- **If you are having trouble keeping liquids down:** call your care team.
- **If your stomach is upset and you cannot eat as you normally would:** You may eat or drink 1 carb choice (15 grams of carbohydrate) every hour while awake. This may be added to the liquids you drink every hour. Options include:
 - $\frac{1}{2}$ cup fruit juice
 - $\frac{1}{2}$ cup regular (not diet) soda pop, no caffeine
 - 1 Popsicle (not sugar-free)
 - $\frac{1}{2}$ cup regular Jell-O (not sugar-free)
 - 5 to 6 saltine cracker squares
 - 1 piece of toast
- **If you take insulin:** You will need to take your insulin as prescribed. If you are unable to keep solid foods down, call your health care team to learn what to do about your insulin.
- **Ask your care team or pharmacist before taking any over-the-counter medicines.** These may affect your diabetes.

If you live alone

Always keep some sick-day foods handy in case you are unable to go to the store to buy them.

If you get sick, ask a friend or family member to check on you a couple of times a day.

When should I call my care team?

Call your care team if:

- Your blood glucose has been high for more than a day.
- You are vomiting (throwing up) or have diarrhea (loose, watery stools) for more than 6 hours.
- You feel sleepier than usual.
- You have trouble breathing.
- You are unable to think clearly.

If you need to go to the hospital, your care team may change your diabetes plan.

What will happen during labor and delivery?

During labor, your blood glucose levels will be checked often. The effects of labor on blood glucose levels will vary from woman to woman, hour to hour.

Bring your blood glucose meter when you go to the hospital so that you can use your own lancing device. If you are using insulin to manage your diabetes, you may need to have an IV (intravenous) line.

Will I have diabetes after the baby is born?

After your baby is born, your blood glucose levels should quickly return to normal. Be sure to follow the testing guidelines below.

Two to six weeks after delivery, start testing your blood glucose again. Do four tests each week until you see your care provider again. Write your results in your log book.

- Fasting (before breakfast): Goal is less than 100.
- Two hours after you start any meal: Goal is less than 140.

Note that your goals are different from when you were pregnant.

Six weeks to twelve after delivery: You will see your care provider for a follow-up visit. Ask to have a glucose test to be sure your diabetes is gone. Show the doctor your log book.

Every 1 to 3 years: Have your doctor test you for diabetes at your regular physical exam.

Should I breastfeed?

Breast milk is healthy for your baby. Nearly all women are encouraged to breastfeed. While you are breastfeeding, you need to continue to eat healthy. Your dietitian can help you develop a meal plan to make sure you get the proper nutrition while breastfeeding.

What should I do for my long-term health?

Having gestational diabetes has made you aware of the importance of healthy food choices, a healthy body weight and regular physical activity.

Keep up these healthy habits. They may prevent or delay the onset of type 2 diabetes. Talk to your diabetes care team about how you can take care of yourself after you have your baby.

Planning for future pregnancies

You are likely to have gestational diabetes in future pregnancies. You are also at a higher risk for developing type 2 diabetes in the future.

If you get type 2 diabetes and are not diagnosed, there is an increased risk for birth defects if you become pregnant again. Therefore, you will need to plan any future pregnancies. **You should verify normal blood glucose with your doctor before getting pregnant.**

Each time you get pregnant again after having gestational diabetes, you increase your chances of getting type 2 diabetes.

If you do become pregnant:

- Ask your care team for a prescription for blood glucose monitoring supplies.
- Begin testing 1 or 2 times a week. Alert your doctor if your results are higher than the goals set in your previous pregnancy.
- Have a blood glucose screening test done at your first ob-gyn visit.

Next steps

On the next page, you will find a place to create your personal meal plan, along with recommended times for checking your blood glucose.

You have been given a lot of information, but remember: The most important reason to manage gestational diabetes is to have a healthy baby. Your diabetes care team is here to help you.

Your meal plan and blood glucose checking times

Together, you and your dietitian will create a meal plan that's right for you. You will need to check your blood glucose to know how well your meal plan and other treatments are working.

Write down the number of servings for each meal and snack. (Carbohydrates can be counted in "grams" of carbohydrate or "carbohydrate choices"). On the next page, you will find sample serving sizes to help you know how much to eat.

Breakfast

Carbohydrates: _____

Protein: _____

Fats: _____

Free foods: _____

Lunch

Carbohydrates: _____

Protein: _____

Fats: _____

Free foods: _____

Dinner

Carbohydrates: _____

Protein: _____

Fats: _____

Free foods: _____

Morning snack

Afternoon snack

Bedtime snack

Check your blood glucose:

- Before breakfast
- _____ hour(s) after breakfast
- _____ hour(s) after lunch
- _____ hour(s) after dinner

Serving sizes

Carbohydrates

(1 carb choice = 15 grams carbohydrate)

1 carb choice equals any one of the following starches:

- 1 bread slice or small roll (whole wheat, rye, pumpernickel or white)
- 1 six-inch tortilla
- 1 waffle or pancake (size of a CD)
- ½ English muffin, small pita, hot dog bun or hamburger bun
- ¼ large bagel
- ¾ cup most dry cereals (unsweetened)
- ½ cup cooked cereal
- 4 to 6 crackers
- ½ cup cooked rice or pasta
- ½ cup cooked peas, corn, sweet potato, white potato, yams or legumes (navy beans, lentils, pinto beans, etc.)
- 1 cup winter squash (acorn, pumpkin, butternut)
- 31 (¾ ounce) pretzels sticks
- 18 (1 ounce) potato chips or tortilla chips
- 3 cups popped popcorn

1 carb choice equals any one of the following fruits:

- 1 small fresh fruit (the size of a tennis ball)
- 1 cup melon, berries or papaya
- ½ banana
- 17 small or 15 medium grapes
- ½ cup canned fruit (packed in light syrup or fruit juice)
- ½ cup apple or orange juice
- ½ cup grape, cranberry or prune juice
- 2 tablespoons raisins or dried cranberries
- ¼ cup other dried fruit

1 carb choice equals any one of the following milk products:

- 1 cup fat-free or low-fat milk
- 1 cup fat-free plain yogurt or light yogurt
- 1 cup soy milk

1 carb choice equals any one of the following sweets and desserts:

- 2-inch square of cake or brownie (unfrosted)
- 2 small cookies or fortune cookies
- ½ cup ice cream or frozen yogurt
- ¼ cup sherbet or sorbet
- ¼ cup rice pudding or kheer
- 1 tablespoon syrup, molasses, jam, jelly, sugar or honey
- 1 tablespoon sweet-and-sour sauce

Combination foods

- 1 cup casserole or lasagna = 2 carb choices
- 1 cup broth or cream soup = 1 carb choice
- 1 cup bean soup = 2 carb choices
- ¼ of a 12-inch thin-crust pizza = 3 carb choices
- Burrito = 3 carb choices
- Small order of French fries = 2 carb choices
- 6-inch sub sandwich = 3 carb choices
- Small soft-shell taco = 1 carb choice

Foods with little or no carbohydrate

Protein

Plan to eat 9 or more ounces of meat or meat substitute each day.

1 ounce equals any one of the following:

- 1 slice of cheese
- 1 egg
- ½ cup tofu
- 2 tablespoons peanut butter

2 ounces equals any one of the following:

- ½ cup low-fat cottage cheese
- ½ cup tuna (packed in water)

3 ounces equals one portion the size of a deck of cards of any of the following:

- cooked chicken, turkey, fish, lean beef, pork, lamb or wild game

Still hungry?

Do your best to meet your carbohydrate goals for each meal and snack. If you are still hungry, try to fill up on healthy foods that have little or no effect on blood glucose. Examples include:

- Non-starchy vegetables (with or without dip)
- Salsa
- Nuts or peanut butter
- Egg salad or chicken salad
- Low-fat cheese, cream cheese, cottage cheese
- Tofu, edamame, miso, soy nuts
- Baba ganoush (like hummus, but made with eggplant)
- A lettuce wrap that contains your favorite protein

Fats

One serving of fat equals any one of the following:

- 1 teaspoon margarine, butter, oil or mayonnaise
- 1 tablespoon cream cheese, salad dressing, light margarine or light mayonnaise
- 1 tablespoon nuts or seeds
- 1 tablespoon half-and-half
- 2 tablespoons sour cream, low-fat cream cheese or low-fat salad dressing

Free foods

One serving of free foods equals:

- 1 cup raw salad greens, such as lettuce or spinach
- ½ cup cooked or uncooked non-starchy vegetables, such as asparagus, beets, broccoli, cabbage, carrots, cauliflower, celery, cucumber, eggplant, green beans, mushroom, onions, peppers, tomato, zucchini, etc.
- ½ cup tomato or other vegetable juice
- any amount of sugar-free, fat-free condiment (mustard, sugar-free jelly)
- small amounts of ketchup or BBQ sauce
- vinegar, lemon juice or lime juice
- dill pickles
- sugar-free Jell-O
- black coffee or tea
- sugar-free soda pop, club soda or diet tonic water
- herbs and spices

Sample meal plan – day 1

Breakfast: 2 to 3 carb choices

2 slices whole-grain bread (2)
1 egg (0)
1 cup low-fat milk (1)

Morning snack: 1 to 2 carb choices

1 orange (1)
3 graham cracker squares (each 2½ inches) (1)

Lunch: 3 to 4 carb choices

Tuna salad sandwich (2)
Raw vegetables (0)
1 cup fresh strawberries (1)
1 cup low-fat milk *or* 100-calorie plain or flavored yogurt (1)

Afternoon snack: 1 to 2 carb choices

1 banana (2)
Low-fat cheese (0)

Dinner: 3 to 4 carb choices

3 ounces lean beef, pork, chicken or fish (0)
1 medium baked potato (2)
½ cup cooked broccoli (0)
Dinner roll with margarine (1)
Tossed salad with dressing (0)
1 cup low-fat milk (1)

Bedtime snack: 2 carb choices

6 saltine crackers with peanut butter (1)
Small piece of fruit (1)

Sample meal plan – day 2

Breakfast: 2 to 3 carb choices

English muffin with peanut butter (2)
100-calorie plain or flavored yogurt (1)

Morning snack: 1 to 2 carb choices

1 apple (1)
6 to 8 crackers with *either* low-fat cheese or peanut butter (1)

Lunch: 3 to 4 carb choices

Chicken caesar salad (0)
2 slices French bread with margarine (2)
1 cup melon cubes (1)
1 cup low-fat milk (1)

Afternoon snack: 2 carb choices

3 cups popped popcorn (1)
1 orange (1)
Cheese stick (0)

Dinner: 3 to 4 carb choices

1 cup beef noodle casserole (2)
½ cup green beans (0)
Tossed salad with dressing (0)
½ cup canned “lite” fruit (1)
1 cup low-fat milk (1)

Bedtime snack: 2 carb choices

1 slice toast with peanut butter (1)
1 cup low-fat milk (1)

Please speak with your dietitian or diabetes educator if you have specific food allergies or intolerances, you are a vegetarian or you have *any* questions.