三句不离本行（36）  
---妊娠期糖尿病饮食需要注意什么?  
  
有5％左右的女性在怀孕期间会发生糖尿病, 多发生于妊娠的中晚期，因为此时胚胎生长，大量激素可以抵抗胰岛素的分泌,而使血糖升高。且多见于肥胖和高龄产妇。大多数在分娩后会消失。  
  
对于妊娠糖尿病不进行控制的孕妇，如果母体血糖过高，会有生出过大宝宝的风险，也会导致流产、畸形儿等；对妈妈来说，可导致孕期高血压及先兆子痫，甚至糖尿病酮症酸中毒。故应该及时进行筛查和治疗。  
饮食治疗是妊娠期糖尿病最主要、最基本的治疗方法，85%的患者只需要进行单纯的饮食治疗就能使血糖得到良好的控制。  
  
治疗妊娠糖尿病和一般的糖尿病的不同在于，要保证患者和胎儿生长的能量需要，控制饮食比较宽松一些。一定不要为了使血糖下降就大大减少饮食摄入。防止夜间因进食不足而发生的低血糖。低血糖会严重影响母亲和胎儿的健康，甚至发生酮症酸中毒、低血糖昏迷、流产甚至死胎。　   
  
应根据病人的身高、体重、血糖等情况计算病人的每日需求量，妊娠中晚期每日的能量供给为标准理想体重(DBW)×(25～35千卡/千克+350千卡)，即较一般糖尿病患者多350千卡/日（半两主食含90千卡，一个苹果含90千卡，一个鸡蛋含90千卡，相当于多吃一个苹果、1-2个鸡蛋以及半两主食），DBW的计算方法：身高≤165cm，DBW=身高(厘米)-105厘米；身高>165厘米，DBW=身高(厘米)-100厘米。  
宜少量多餐，（一日六餐）：总热量可按15%～20%（早餐）、5%（加餐）、30%（午餐）、10%（加餐）、25%～30%（晚餐）、5%（睡前加餐）。每餐热量分配：蛋白质20-25%、脂肪25-35%、碳水化合物40-50%。最好让医院的营养师根据您个人的情况制定适合于您的食谱。  
  
一般原则如下：  
  
1．限制碳水化合物：患糖尿病的孕妇一般食欲都佳，进食量较正常的孕妇多，这时一定要控制饮食量，限制米、面、薯类食物。不要进食含糖高的食物，碳水化合物应多选择血糖指数较低，高纤维含量的粗粮，如糙米、荞麦、燕麦、玉米面、玉米，豆类等；粗细粮搭配，少吃血糖指数高的主食，如糯米饭、精面发的面包、馒头、白粥等，进餐经常搭配膳食纤维丰富的副食，如：各种蔬菜，海藻类（如海带、紫菜）、菇菌类。食物的制作烹调方式是影响血糖指数重要因素之一，比如土豆泥比土豆块血糖指数高。要避免烹调使食物的血糖指数升高，应注意加工不要过于精细；煮菜尽量急火快煮；除特殊需要外，谷类食物不要加太多水和加热时间过长。因为这样会使食物糊化程度高，血糖指数也随之升高。  
  
2．蛋白质的供给要充足：与妊娠期相同的正常孕妇的每日蛋白质进食量基本相同或略高一些。蛋白选择优质蛋白如瘦肉、蛋类、牛奶、鱼类等。  
  
3、脂肪供给要适量：由于主食碳水化合物类食物供给减少，脂肪进食要适量增加，并可适量进食一些干果，增加供给脂肪。烹调油选用植物油；肥肉、荤油、鸡皮、内脏、香肠等尽量不食用。  
  
4、补充维生素和矿物质：多吃一些蔬菜补充维生素，如黄瓜、西红柿、青菜、芹菜等，经常吃一些含铁和含钙高的食物，如牛奶、鱼、虾皮、动物肝以补充钙铁等矿物质。  
  
5．禁食含简单糖的食物。如白糖、红糖、葡萄糖及糖制甜食、糖果、糕点、果酱、冰淇淋、甜饮料、蜜饯、藕粉、红枣、碳酸饮料、月饼等。  
  
6．合理烹调方式：宜多选用蒸、煮、拌、煨、烧、炖、爆炒等烹调方法；忌用煎、炸、熏、烤、腌等烹调方法。  
  
7．妊娠期糖尿病患者可以吃一些水果，不过要注意选择种类、数量等。   
（1）、选择低糖水果：如苹果，草莓，柚子，樱桃，猕猴桃等。   
（2）、每次吃水果不宜太多，最好不要超过100克。   
（3）、在两餐中间吃，切忌餐后食用。最好选在加餐时间吃，可直接作为加餐食用，既预防低血糖，又可保持血糖不发生大的波动。   
.吃水果后，要适当减少主食。平时，每吃100―125克水果，应减少主食25克。  
  
8. 餐后应适当运动: 每餐后1小时进行，运动量不宜太大，一般使心率保持在120次/分钟以内。  
  
  
what diet needs attention in pregnancy diabetes?

There are about 5% of women during pregnancy diabetes occurs, occurs in the third trimester of pregnancy, because at this embryonic growth, a lot of hormones can resist insulin secretion, leaving blood sugar. And is more common in obese and older mothers. Most will disappear after delivery.

Gestational diabetes is not controlled for pregnant women, if maternal blood sugar is too high, there will be too large to give birth to the baby's risk, can lead to miscarriage, deformed children, etc.; mother, it can lead to hypertension and pre-eclampsia during pregnancy, and even diabetes ketoacidosis. It should be timely screening and treatment.

Gestational diabetes diet therapy is the most important and most basic method of treatment, 85% of patients only require a simple dietary treatment can get good control of blood sugar.

Different treatment of gestational diabetes and diabetes in general is, to ensure that the energy needs of the patient and fetal growth, diet relatively loose some. In order to make sure not to drop it significantly reduced blood sugar dietary intake. Prevent nocturnal hypoglycemia occurred due to insufficient feeding. Low blood sugar can seriously affect the health of the mother and fetus, even ketoacidosis, hypoglycemic coma, abortion or even stillbirth.

Patients should be calculated according to the patient's height, weight, blood sugar, etc. daily demand trimester daily energy supply as a standard ideal body weight (DBW) × (25 ~ 35 kcal / kg +350 kcal), namely more than 350 patients with diabetes than the general kcal / day (half two staple food contains 90 calories, an apple contains 90 calories, an egg contains 90 calories, the equivalent of eating an apple, 1-2 eggs and a half two staple food) calculation method DBW: the height ≤165cm, DBW = height (cm) -105 cm; height> 165 cm, DBW = height (cm) -100 cm.

Should be smaller meals, (six meals a day): according to 15 percent of total calories to 20%, (B), 5% (snacks), 30% (lunch), 10% (snacks), 25% to 30% (dinner), 5% (bedtime snacks). Meal heat distribution: 20-25% protein, 25-35% fat, 40-50% carbohydrate. Best to let the hospital dietitian to develop according to your individual circumstances appropriate for your recipes.

General principles are as follows:

1. Restrict carbohydrates: Pregnant women with diabetes generally have a good appetite, food intake than normal pregnant women and more, then be sure to control food intake, limiting rice, flour, potato food. Do not eat foods high in sugar, carbohydrates should be more to choose a lower glycemic index, high fiber content of whole grains, such as brown rice, buckwheat, oats, cornmeal, corn, beans, etc.; thickness of grain, the staple food to eat high glycemic index such as sticky rice, refined face made ​​bread, bread, porridge, etc., often with a meal rich in dietary fiber, non-staple food, such as: vegetables, seaweed (such as kelp, seaweed), mushrooms classes. Cooking food production is one of the important factors affecting the glycemic index, such as mashed potatoes glycemic index higher than. To avoid cooking the food's glycemic index increases, the processing should be noted that not too fine; emergency fire cooking as fast boil; except for special needs, cereals do not add too much water and the heating time is too long. Because it would be a high degree of gelatinization food, glycemic index also will be increased.

2. Protein supply should be sufficient: the pregnancy same normal daily protein intake of pregnant women are basically the same or slightly higher. Choose high-quality protein such as lean meat protein, eggs, milk, fish and so on.

3, fat supply in moderation: staple carbohydrate food supply due to reduction in fat consumption should be moderate increases, and moderate consumption of some dried fruit, increasing the supply of fat. Cooking oil use vegetable oil; fat, lard, chicken skin, internal organs, try not to eat sausages.

4, vitamins and minerals: vitamin supplements, eat some vegetables, such as cucumbers, tomatoes, cabbage, celery, etc., often eat foods high in iron and calcium, such as milk, fish, shrimp, animal liver to supplement calcium and iron and other minerals.

5. Fasting food containing simple sugars. Such as white sugar, brown sugar, glucose and sugar confections, candies, cakes, jams, ice cream, sweet drinks, preserves, arrowroot flour, dates, carbonated drinks, moon cake and so on.

6. Reasonable way of cooking: more choice should be steamed, boiled, mixed, baked, roast, stew, stir-fry cooking methods; hanged fried, fried, smoked, roasted, salted and other cooking methods.

7. Gestational diabetes can eat some fruit, but should pay attention to choose the type, quantity and so on.

(1), choose low-sugar fruits: such as apples, strawberries, grapefruit, cherries, kiwi, etc.

(2), not too much time to eat fruit, preferably not more than 100 grams.

(3), in the middle of eating meals, avoid eating the meal. Preferably in time to eat snacks can be eaten directly as snacks, both prevent low blood sugar, but also to maintain blood glucose large fluctuations do not occur.

After eating the fruit, should be appropriate to reduce the staple food. Normally, each eat 100-125 grams of fruit, 25 grams of staple food should be reduced.

8 postprandial should be properly exercise: 1 hour after each meal, exercise should not be too large, generally remain within the heart rate of 120 beats / min.

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