

# How I Navigated Gestational Diabetes While Recovering from an Eating Disorder

written by Jill DiDonato    updated Sep 23, 2020    **BYRDIE**

Maintaining a healthy mindset about pregnancy weight gain can be challenging under normal circumstances. But what about when you're recovering from an eating disorder and get diagnosed with gestational diabetes? Ironically, in order to keep myself and my baby safe, I had to return to surveillance behavior around food and exercise that was reminiscent of my previous eating disorder. It had been years since I kept a food journal or scrutinized labels, and now my doctor wanted me to count carbs for my wellbeing. The experience was mind-bending, to say the least.

But I managed to stave off triggers and maneuver previously dangerous behaviors into an experience that signaled major personal growth. When a baby is born, the saying goes, so is a mother. Ahead, a fetal-maternal medicine specialist and a holistic nutritionist explain how to manage gestational diabetes, especially if you struggle with disordered eating patterns.

## Meet the Expert

- Audrey Merriam, MD, MS, is a Yale Medicine Ob/Gyn and high-risk pregnancy specialist also known as maternal-fetal medicine specialist.
- [Serena Poon, CN, CHC, CHN](#) is a leading chef, nutritionist and reiki master, and founder of the method of Culinary Alchemy®, which is a combination of education, integrative and functional nutrition, and healing energy.



Yana Toyber

## **What Is Gestational Diabetes?**

Gestational diabetes affects nearly 10 percent of pregnancies, according to a 2018 report from the Centers for Disease Control (CDC). Merriam explains the diagnosis as a "condition when the body cannot make enough insulin to manage the blood sugar levels." Although we don't know why some women develop gestational diabetes, Merriam says the hormones produced by the

placenta, namely a hormone called human placental lactogen (HPL), seems to play a large role. "Sometimes, when there may be an extra amount of HPL," explains Merriam, "as in the case of twins with two placentas or when moms have other risk factors such as family history of Type 2 diabetes, obesity, older age, a history of polycystic ovarian syndrome (PCOS), or high blood pressure, the insulin produced by the body is not enough to keep the blood sugar in a safe range while at the same time making sure sugar crosses the placenta to get to the baby."

She adds that women of certain races and ethnicities are also at increased risk, including African-American, Lantix, Native American, Asian American and Pacific Islander. These are the same races and ethnicities that have higher rates of Type 2 diabetes.

*There is no known association between development of gestational diabetes and a history of eating disorders according to Merriam. However, the incidence of eating disorders and history of disordered eating can be difficult to truly gauge as patients may not always want to share this information. As a result, it is not an area that has been well studied.*

## **How to Manage Gestational Diabetes**

If you are diagnosed with gestational diabetes, get ready for finger prick blood tests every four hours, a controlled diet and exercise program, and more frequent check-ins with your doctor. Review your diet and lifestyle choices with your physician to come up with an individualized plan to keep track of carbs.

"In general, it is recommended women with gestational diabetes eat three meals and two to three small snacks," says Merriam. "Aim for 30-40 grams of carbohydrates at breakfast, 40-60 grams with lunch and dinner and 15-20 grams with snacks."

According to Merriam, consuming protein and fats at the same time as carbohydrates will keep blood sugar levels more constant, preventing a high spike after meals.

The constant monitoring of diet, on top of the usual pregnancy weigh-ins can trigger behaviors that are hauntingly familiar to someone recovering from anorexia. "Monitoring your carbohydrates can be difficult for someone recovering from an eating disorder," says [Poon](#). **"An important component of any prescribed 'restrictive diet' is to focus on the lists of food that you can have.** When we can shift our mindset to view the lists of preferred food choices from a place of abundance and a perspective that these foods are nourishing and energizing our body, we actually open up the channels of creativity and the ability to receive the nourishment to support the healthy development of your new baby."

In the past, I was often secretive or would outright deny any type of disordered eating patterns. Determined to keep unhealthy eating habits at bay, I was open about my fraught relationship with dieting and surveillance behavior around food with my doctors who checked in with me to make sure I wasn't feeling triggered. This was so helpful and helped keep me rooted in recovery.

Women who have had a history of gestational diabetes in one pregnancy are at increased risk of having it in a subsequent pregnancy and should undergo screening at the end of the first trimester for gestational diabetes in a future pregnancy.

## **Gestational Diabetes Diet: What to Eat**

Poon recommends sticking to foods that are "low on the glycemic index," or foods that will raise your blood sugar more slowly. There were times I really struggled with sugar cravings. When these hit, Poon recommends vegan dark chocolate. "It is slightly sweet, satisfying and also packed with antioxidants." She urges people to steer clear of artificial sugars. Find her gestational

diabetes diet selects below:

- Nuts, **except cashews and macadamia nuts**
- Black beans
- Garbanzo beans
- Lima Beans
- Lentils
- Avocado
- Broccoli
- Cabbage
- Eggplant
- Kale
- Mushrooms
- Spinach
- Squash
- Lean meat
- Eggs
- Fish
- Apples
- Berries
- Peaches
- Plums
- Bran
- Oatmeal
- Barley
- Wild rice

If you feel that you really desire a baked good, Poon suggests baking your own using gluten-free flour and monk fruit as a sweetener.

It's important to note, says Poon, that "indulgences have a place in a healthy diet, even one for a woman with gestational diabetes." Try to shift your palate, (fresh fruit or paleo treats can work wonders) and remember that ultimately,

this type of restriction is temporary.

## **Medical Treatment of Gestational Diabetes**

When women continue to have elevated blood sugar values despite diet and exercise treatment, they may need medication to help bring their blood sugar within a range to keep mom and baby safe. Merriam says the “gold standard medication recommended for use is insulin.” She adds, “This has been around the longest and does not cross the placenta, so it does not affect the baby.”

When I couldn't control my gestational diabetes with diet and exercise, it was tempting to feel like a failure. The trauma of disordered eating may live in the body, long after you've recovered. When I couldn't bring my sugars down, I started to panic, as control eluded me. But rather than turn in on myself, I surrendered and saw my condition for what it was, a medical diagnosis, no more, no less. Suddenly, relief washed over me.

## **Postpartum Care**

In the weeks that follow delivery, your blood sugars will probably be the last thing on your mind. “Blood sugar levels return to normal within the first few days,” explains Merriam. “Continued monitoring of blood sugar values is not routinely done or recommended. At the six-week postpartum visit all women who had gestational diabetes are recommended to have a follow up test to screen for Type 2 diabetes.” She adds that you should be re-screened for development of Type 2 diabetes and elevated fasting blood glucose every one to three years.

In those tender weeks of new motherhood, I welcomed carbs back into my life, but a funny thing happened. I no longer viewed these foods as a reflection of good or bad choices, but rather vital fuel for my crazy new schedule.