

Special Issue

Gestational Diabetes and Nutritional Recommendations

Message from the Guest Editor

Gestational diabetes mellitus (GDM) develops if beta cell secretion is not enough to compensate for peripheral insulin resistance, and insulin resistance associated with prepregnancy diabetes is apparent from the two- to three-fold-higher insulin requirements in late pregnancy. In pregnancy complicated by GDM, maternal hyperglycemia is known to raise the risk of morbidity for the fetus and newborn due to maternal-to-fetal hyperinsulinemia. The transplacental flux of glucose causes fetal hyperglycemia and hyperinsulinemia, resulting in accelerated fetal growth and macrosomia, and neonatal hypoglycemia. The goals of nutritional therapy in pregnancies complicated by GDM are to provide the necessary energy and nutrients for the normal development of the placenta and fetus while minimizing the complications of pregnancy and optimizing blood sugar control to achieve the best possible perinatal outcome. Another aim is to help women adopt a healthy lifestyle to reduce the risk of cardiovascular disease throughout their lives.

Guest Editor

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Nutrients is an on-line open access journal that was first published in 2009. *Nutrients* adheres to rigorous peer-review and editorial processes and publishes only high quality manuscripts that address important issues related to the impacts of nutrients on human health. The Impact Factor of *Nutrients* has risen rapidly since its establishment and it is now ranked in the first quartile of journals publishing in the field of nutrition and dietetics research.

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