

Gestational Diabetic Low Carbohydrate Meal Plan

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|---|--|--|--|--|--|--|--|--|
| 1. Calcium/Magnesium 400mg/800mg | <input type="checkbox"/> <input type="checkbox"/> | |
| 2. Protein 70-100mg a day Meat, Beans, Nuts, eggs | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 3. Dark Green Vegetable -1/2 cup serving Lettuce, Kale, Chard, Broccoli | <input type="checkbox"/> <input type="checkbox"/> | |
| 4 Carbohydrates $\frac{1}{2}$ Cup serving Bread, Rice, Potato, Spaghetti, Grains Pasta, oatmeal | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 5. Vitamin C -500-1000mg a day orange, citrus, Cherry | <input type="checkbox"/> <input type="checkbox"/> | |
| 8. Fats and oils 15-20- mg each butter, olive oil, coconut oil, nut butters Cream Cheese, 2 Tablespoons | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Vitamin A - $\frac{1}{2}$ cup serving carrots, squash, yams, orange or dark | <input type="checkbox"/> | |
| 10. Natural Real, Sea, Salt to Taste | <input type="checkbox"/> | |
| 11. Water 8 oz each 3-4 quarts a day | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 12. Supplements | <input type="checkbox"/> <input type="checkbox"/> | |
| 13. Snack | <input type="checkbox"/> <input type="checkbox"/> | |
| 14. Exercise 30 min a day | <input type="checkbox"/> -Walking | <input type="checkbox"/> Stretches | <input type="checkbox"/> -Walking | <input type="checkbox"/> Stretches | <input type="checkbox"/> -Walking | <input type="checkbox"/> Stretches | <input type="checkbox"/> -Rest | |
| 15. Blood Sugar Fasting/1 hr |  | |  | |  | |  | |
| Blood Sugar 2 hr/3hr |  | |  | |  | |  | |

