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The Relationship Between a Rich Diet with Probiotics /Prebiotics and the Gestational Health Conditions

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The interest in studying the microbial gut like probiotics has increased because it may play a significant role in reducing the risk of certain health conditions and promote overall health. In the recent decade, the nutritional researches have linked between having a regular healthy diet and the health conditions during pregnancy. For example, during the pregnancy period, women may counter several health conditions, such as Gestational Diabetes Mellitus (GDM) level. In this relation, a few recent researches have suggested that having a rich diet with a probiotics/prebiotic may reduce the incidence of GDM. Therefore, in the world market, the interest in studying the correlation between probiotics/prebiotics and the incidence of pregnancy health conditions has increased. This paper has been designed to review the recent studies that investigated the relationship between a rich diet with probiotics/prebiotics and the gestational health conditions.

KEYWORDS: Diabetes Mellitus, Gestational, Pregnancy, Probiotics

INTRODUCTION

Many changes occur during the normal pregnancy including changes in the immune system and metabolism which is described as the metabolic syndrome.¹ Gestational Diabetes Mellitus (GDM), a condition in which there is a high serum glucose level present during the gestation period, is considered as a most common metabolic complication during pregnancy.² It usually appears during³ the 29–33 gestational weeks⁴ of the second stage of pregnancy, and disappears in the postpartum stage.⁵ In some cases, the high blood glucose continues after delivery⁶ which may contribute type 1, or type 2 of diabetes.⁷

In addition, the maternal insulin resistance is associated with immediate and long term metabolic complications on both maternal and fetal. For example, the Gestational Diabetes Mellitus (GDM) is responsible for verity of inflammation through the gestation period.⁸ Also, GDM is linked with many pregnancy adverse complications outcome, such as pre-eclampsia and abnormal delivery.⁹ Recent studies showed that the women who experienced GDM are more likely by six times to develop diabetes of type 2, as compared with women who had normal blood glucose level during the pregnancy period.^{10–11} Other maternal metabolic complications include but do not limited hypertension, pre-eclampsia, caesarean section, infection, and polyhydramnios.¹² Moreover, Gestational Diabetes Mellitus (GDM) may be associated with new-borns morbidity including macrosomia, birth trauma, hypoglycaemia,

hypercalcemia, hypomagnesemia, hyperbilirubinemia, respiratory distress syndrome, polycythaemia.¹³ Also, other studies showed that the children of women with GDM are more likely to develop obesity or diabetes in childhood or in adulthood.^{12,14–15}

Worldwide, the prevalence proportion of the Gestational Diabetes during pregnancy rose sharply^{16–17}, and it ranged between 1% to 14% of all pregnancies.¹⁸ This variation in prevalence is due to genetic, ethnic, demographic, socio-cultural, and economic factors.¹⁶ A number of common factors have been accounted as main contributors of GDM including older ages pregnancy, obesity, family history of diabetes (FHD), previous history of GDM, congenital malformation, and caesarean section.^{19–23} Other controversial causes include smoking history, physical inactivity, and socioeconomic factors.^{9,19,20,24} On the other hand, diet is playing a major role in determining the health status of individuals.²⁵ In the past few decades, many studies showed that the incidence of gastrointestinal tract problems, such as bloating, flatulence, constipation, diarrhea, inflammation, and damage of the gut lining have been increasing sharply.²⁶ Also, the dietary pattern of women before and during pregnancy is correlated with developing many health adverse effects, such as he Gestational Diabetes Mellitus (GDM)²⁷ with the pregnancy outcome.^{28–29} Thus, the relation between diet and health has been considered as an interesting



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topic for many individuals who increased the demand after the health information related to the healthier food diet.³⁹

In the recent years, probiotics have been presented as a novel therapy for controlling high glucose level during pregnancy³¹⁻³² and improve the maternal metabolism and pregnancy outcome.³³ This review was done based on Randomized Control Studies (RCT) to investigate the efficiency of the Gut microbiota such as probiotics in controlling the blood glucose level and improve maternal metabolism and pregnancy outcome. A systematic computer search of the databases from MEDLINE, LISTA, PubMed, Web of science, CINAHL.

1. Gut microbiota and diabetes

The human digestive tract is considered as a place for a large community of microorganisms (Gut flora, gut microbiota or gastrointestinal microbiota) that have a direct influence on the human³⁴ and non-human health.³⁵ The human gut microbiotas have been shaped through multi-factors during the infancy period³⁴ including diet such as, breast milk vs. formula feeding, antibiotic usage,³⁶ and the diet pattern has been considered as the main contributory factor in forming the gastrointestinal microbiota.³⁷ Recent studies indicated that the bacterial gut has a pivotal role in protecting the body against illness and infections, keep metabolic homeostasis, immune tolerance³⁸, and modulation of the intestinal epithelium.³⁹

In relation to this, the nutritional attitude plays a significant role in modelling the gut microbiomes.⁴⁰ The high fat and fructose diet have been determined as main contributors of alteration of the normal gut microflora (dysbiosis)⁴⁰ which may be linked to the pathogenesis of many illnesses and health disability (41, 42) such as, Diabetes Mellitus (DM),⁴³ and Gestational Diabetes Mellitus (GDM) (44). Hence, the gut microbial data may be a novel source of assessing lifestyle and the food diet quality score of human and non-human being^{40,45} and set an effective promotion plan to manage diseases related to the imbalance of the bacterial gut.⁴⁰

On the other hand, various metagenomic studies on humans and animals, have been done to validate the influence of the gastrointestinal microbiota on the body mass index (BMI) and in developing diabetes.⁴⁶ After weight gain, human studies showed that some strains of the gut microbiota increased while other

strains decreased or remained neutral.⁴⁷⁻⁴⁹ For example, in 2010, a study was done to investigate the composition changes of the human gut microbiota among individuals with type 2 diabetes.⁵⁰ The study indicated that unhealthy dietary intake may lead to the imbalance of the gut bacteria. The V₄ region of the 16S rRNA gene was analyzed by tag-encoded amplicon pyrosequencing, and showed the decreased proportion of phylum Firmicutes and Clostridia while increased proportions of Betaproteobacteria and increased ratios of Bacteroidetes to Firmicutes and Bacteroides-Prevotella group to Clostridium coccoides-Eubacterium rectale which showed a significant correlation with high plasma glucose concentration.⁵⁰ The mice model studies showed that the mice with a high-fat diet (HFD) had an insulin resistance as a consequence of the change in the composition of bifidobacteria and lactobacilli bacteria group.⁵¹⁻⁵² The plasma lipopolysaccharides level (LPS) was increased as a result of decreased proportion of Bifidobacterium and Lactobacillus which led to metabolic endotoxemia.⁵¹⁻⁵³

The proportion alteration in the gut microbiota strains lead to changing in the gut hormone secretions (like glucose-dependent insulinotropic peptide, GLP-1, GLP-2, PYY) which directly affect B-cell's mass and function, energy intake, nutrients absorption and energy storage as well as insulin secretion as a consequence of changing the enteroendocrine signals.⁴⁰ Also, other studies indicated that the alteration of the gut flora is linked with bile acid pool and biosynthetic pathway as a consequence of the alteration in the enteroendocrine signals in the diabetic patients.⁵⁴

Despite the changing of the gut bacterial composition, it may be linked with many health adverse effect, there is an evidential support, in a clinical practice, that modifying the gut microbiota helps regulate the blood glucose level effectively (55). In this context, modelling the gut flora by prebiotics diet has been presented as an effective prevention through enhanced host-gut bacterial interaction against obesity and overweight and metabolic diseases.⁵⁶⁻⁶⁰

2. Managing the Gestational Diabetes Mellitus (GDM) by diet.

There is a multi-directional relationship between diet, host metabolism, and gut microbiome (different strains of bacteria in the gut).⁶¹ The diet can directly influence the microbiome composition.⁶¹ Thus, any

altering in the gut microbiome composition may influence the host metabolism including nutrient absorption⁶², and effect the glucose, lipid metabolism and the inflammatory pathway of the host.⁶³⁻⁶⁴

Recent theories argued that the gut microorganisms (Probiotics) play an essential role in managing the GDM³² through improving body metabolism as a consequence of improving the digestion and absorbing the lactose and other nutrients.⁶⁵ Therefore, The maternal complications during pregnancy such as Gestational Diabetes Mellitus (GDM) may be managed through improving the diet choices of pregnant women.⁶⁶

2.1. Prebiotics diet as a primary prevention choice against chronic diseases

Prebiotics are considered as an essential non-digestible nutritive substance.⁶⁷ It enhances the microorganism (probiotics) in the large intestinal tract⁶⁸ to growth, activity, and metabolism.⁶⁹⁻⁷¹ The term prebiotic had been defined previously as, "The selective stimulation of growth and/or activity of one or a limited number of microbial genus/species in the gut microbiota that confer health benefits to the host".⁷² The recent definition of prebiotic by the International Scientific Association for Probiotics and Prebiotics (ISAPP) is, "A substrate that is selectively utilized by host microorganisms conferring a health benefit".⁷³ As the number of food ingredients and dietary fibers classified as prebiotic increases, the following criteria for classification must be established: "(i) resistance to gastric acidity, hydrolysis by mammalian enzymes, and gastrointestinal absorption; (ii) fermentation by intestinal microbiota; (iii) selective stimulation of the growth and/or activity of intestinal bacteria associated with health and well-being".⁷⁴ The Prebiotics food group consist of variant food groups including (but do not limit) Insulin (yogurts, dairy desserts, cheeses, ice cream, and baked products), Fructo-oligosaccharides (Baby food, yogurts, bread, baked products), and Galacto-oligosaccharides (yogurts, fruit juice).⁷⁵ The symbiosis of the probiotics with the host, predominantly in our gastrointestinal tract (GI), has been scientifically proven to be important for our health and well-being. For example, it optimizes the process of food digestion⁷⁶ and consumption.⁷⁷ Additionally, the main function of prebiotics is to increase carbohydrate metabolism and trigger bacterial growth that is beneficial to the intestinal microflora.⁷⁸ The increasing popularity of

probiotics and prebiotics have been due to current research that suggests the positive effect on various health conditions including (but do not limit) to gastrointestinal transit time, irritable bowel syndrome and ulcerative colitis.⁷⁹ Aside from the benefits to the gastrointestinal tract, further beneficial health effects include immune stimulation, reduction in blood lipid levels, effects upon insulin resistance, metabolites that influence brain function, energy and cognition, and mineral bioavailability in the bone among others.⁷³

On the other hand, Prebiotics could soon be a tool to combat overweight and obesity.⁸⁰ A recent study by Nicolucci et.al. (2017), showed the effect of the prebiotic, oligofructose-enriched inulin, alter the intestinal microbiota and significantly reduce the body weight z-score, percent body fat, percent trunk fat, and serum level of interleukin in children with obesity.⁸¹

Another research shows that prebiotics that enhanced the growth of bacteria, which were short-chain fatty-acids (SCFA) producers, have been beneficial in the management of metabolic syndrome (MetS) components such as abdominal obesity, low-grade chronic systemic inflammation, altered glucose metabolism, dyslipidaemia, and high blood pressure. These beneficial bacteria have protective effects and have shown to improve metabolic syndrome components especially for individuals with Type 2 diabetes.⁸² Also, a study by Deghan et al., (2015), discussed the impact of prebiotic supplementation to patients with type 2 Diabetes Mellitus. Previously, physical inactivity and obesity were usually attributed to the cause of the disease. It has been recently suggested that changes in gut microflora is a factor in the development of the type 2 diabetes. The result of the study showed that the oligofructose-enriched insulin had improved the glycaemic status, lipid profile and immune markers of the diabetic patients.⁸³ Furthermore, studies have been made on the effects of prebiotics on pregnancy health. Sohn and Underwood (2017) discussed the benefit of administering prebiotics and probiotics to pregnant women. Dysbiosis during pregnancy increases the risk of pre-eclampsia, diabetes, infection, preterm labor, and later childhood atopy. Administration of prebiotics and probiotics during pregnancy, lactation and post-natal offer a safe treatment to improve pregnancy and neonatal outcomes.⁸⁴ Also, many studies indicated that managing and treatment of

GDM by diet, with or without medication pills, reduce the pregnancy and maternity complications and improve the pregnancy outcome.⁶¹

2.2. Probiotics properties and benefits

The probiotics were presented in 1960 by a Russian biologist, Elie Metchnikoff.⁸⁵ He hypothesized that there are harmful chemicals produced by the human gut as an unintended consequence of digestion, and these chemicals may lead to health complications including aging, infection, and illness.⁸⁵ Additionally, Elie Metchnikoff suggested that eating “Acid-producing bacteria diet” may help to eliminate the harmful chemicals which may improve the individual’s overall health.⁸⁵

Probiotics strains (helpful bacteria) have been considered as intestinal microorganisms that can improve the host health condition³³ through many mechanisms⁸⁶ including modification of the gut microbiota (microflora), competitive adherence to the mucosa and epithelium, strengthening of the gut epithelial barrier and modification of the immune system to enhance the overall health of the host.⁸⁷

Recently, scientists confirmed that there are specific probiotics bacterial strains in the gut which have the ability to eliminate the toxicity by modifying the flora and replacing the harmful bacterial with good (useful) ones.⁸⁵ According to the probiotics strain, the efficacy research’s, Vitro, vivo, genetic and omics indicated that the probiotics strains may have various effect on our overall health.⁸⁸ For example, strains of Probiotics, particularly lactobacilli and bifidobacterial, have been confirmed as an effective dietary intervention to manage intestinal illness, and life-style metabolic problems,⁴⁰ especially in humans⁸⁹, while other studies confirmed the beneficial effect of the muciniphila MucT (Probiotics strain) on glucose metabolism in mouse model.⁹⁰

In the recent years, studies about the health benefits of probiotics in our intestinal microbial ecology and immunity have significantly increased.⁹¹ The relation between human’s dietary habits and gut microbiota metabolism, and its effect on our health is being studied progressively.⁹² There has been studies about the gut microbiota as a possible therapeutic treatment for obesity due to its importance in processing dietary polysaccharides, which affects the energy yield from the diet and energy metabolism in the host.⁶³ This increased knowledge of the functional connections between the complex microbial

community, metabolism, and host could lead to treatment of metabolic syndromes including (but do not limit) to Type 2 diabetes.⁹³

Also, in 2015, a result of a meta-analysis study showed that consumption of probiotic can play a major effect on glycemic control⁹⁴, so it has been considered as a novel strategy to void progression and development of diabetes as a consequence of improving the modification of the gut microbial composition.⁴⁰

2.3. Probiotic efficacy in animal models against diabetes

Broadly, the mechanisms of the gut flora have been studied through different animal models to verify the effect of these gut bacterial against diabetes. An oral administration or dietary supplement of Lactobacillus were provided in three different mice model. These models included diabetes type 2 by using KK-Ay mice, mice with type 1 model, and the diabetes mice which was induced with Alloxan. The results of all these models indicated that the Lactobacillus reduced the incidence rate of diabetes and decreased the plasma glucose level.⁹⁵⁻⁹⁷ Another model studied the effect of Lactobacillus rhamnosus on neonatal mice. The study indicated that the neonatal mice who had diabetes (induced by streptozotcin) were positively affected by taking Lactobacillus rhamnosus. Lactobacillus rhamnosus improved the glucose tolerance (the serum insulin level increased by the first 30 minutes of taking the Lactobacillus).⁹⁸ Furthermore, destruction of the pancreatic B-cells has been studied by Calcinaro et al., (2005). He reported that having a diet containing Bifidobacterium and lactobacillus may reduce the B-cells destruction among non-obese diabetic mice.⁹⁹ Calcinaro et al., (2005) argued that the secretion of Interleukin-10 (IL-10) is associated with Bifidobacterium and lactobacillus which prevent the B-cell’s destruction. Moreover, other studies indicated that the oral administration of probiotics supplements may control the diabetes risk factors.¹⁰⁰ For example, Yadav et al., (2007), studied the effect of feeding probiotics diet that contain Lactobacillus acidophilus and *L. casei* on Fructose-induced diabetes mice. The study indicated that the blood glucose level and glycosylated hemoglobin free fatty acids and triglycerides in the tested mice significantly decreased.¹⁰¹

In the relation to the animal study, another paper studied the effect of the gut microbiota on mice with high fat diet. The studies indicated that the high fat

diet led to depletion of the liver's natural killer T (NKT) cells which may lead to the over production of pro-inflammatory cytokines. A probiotic supplement was given and observed for days. The study reported that the gut flora played an important role in increasing the number of liver's natural killer T (NKT) cells, and these cells worked against insulin resistance, which helped regulate the insulin production.¹⁰²

2.4. Probiotic efficacy in human clinical trials

It is known that the dietary interventions have been used broadly as a primary treatment method against diabetes,¹⁰³ as using the food intervention may be useful for managing the diabetes mechanisms including but not limited weight, altering hyperglycaemia, hyperlipidaemia and insulin resistance.¹⁰⁴ Limited studies have been done to clarify the linkage between the gastrointestinal microbiota (probiotics) and chronic diseases in terms of dietary supplements intervention.

In the relation to the dietary intervention, limited studies indicated that the dietary interventions, conjunction with probiotics, as an essential microbial supplement^{40,105} to support the host's metabolism³² against Gestational diabetes mellitus (GDM) by improving the symptoms of the lactose intolerance (106), and as an effective intervention to prevent gastrointestinal diseases, such as diarrhea¹⁰⁷⁻⁸, and via targeting all possible risk factors.⁴⁰

On the other hand, recent advances are aimed towards preventive measures in developing GDM such as, modification of lifestyle and dietary habits that prevent or delay the development of glucose intolerance and insulin resistance.¹⁰⁹ Gut microbiota dysbiosis have been discovered in overweight patients with obesity therefore fueling the interest in the role of probiotics as a preventive and therapeutic adjunct application.³² Studies have started to examine the benefits of probiotics in reducing GDM incidence, whereby alteration of the host's metabolism through diet could affect microbiota's composition and gene expression.⁶¹

The probiotic dietary intervention for pregnant women by modulating specific target functions in the gut microbiota shows promising effects beyond the obvious nutritional impact of food.³²

The effect of the probiotics treatment is dependent

on temperature and anaerobic storage conditions, initial dose strain and quality (110). As an intervention for the prevention of GDM, certain probiotics, as a dietary supplement, increase gene expression related to fat metabolism and insulin sensitivity, reduces inflammatory signalling, and decreases adiposity.¹¹¹

A few years ago, studies have been done that confirmed a correlation between probiotics and gestational diabetes mellitus (GDM). Randomized controlled trials (RCTs) showed that there is a null or positive effect of the probiotics on pregnant women who are diagnosed with gestational diabetes mellitus (GDM).⁹

In some human clinical trials, selected probiotics showed positive results by decreasing insulin resistance syndrome, improved carbohydrate metabolism, fasting blood glucose, insulin sensitivity and antioxidant status.⁹¹ Another randomized clinical trial in which a probiotic supplement capsule containing four bacterial strains of *Lactobacillus acidophilus* LA-5, *Bifidobacterium* BB-12, *Streptococcus Thermophilus* STY-31 and *Lactobacillus delbrueckii bulgaricus* LBY-27, improved the health condition of pregnant women with GDM in relation to inflammation and oxidative stress biomarkers.¹¹² This is significant because increase in the level of oxidative stress due to overproduction of free radicals and a defect in the antioxidant defenses are associated with GDM, and had implications in the fetal and mother's well-being.¹¹³ There also was a report in which normal weighted pregnant women, through a randomized controlled trial, had a combined dietary and probiotic supplement intervention, which resulted to a 34% to 13% decline in the rate of GDM.¹¹⁴ Evidence suggests that probiotics have no adverse effects in mother and child during pregnancy, and that the daily intake of probiotic capsules with *Lactobacillus rhamnosus* GG and *Bifidobacterium lactis* Bb12 may be effective in pregnant women who are at high risk for GDM.¹¹⁵

Despite these advancements in research, it has been suggested for future studies that the criteria for GDM from the International Association of Diabetes and Pregnancy Study Group (116) should be taken into account, interventions by specifying subgroups, and the separation of patients with GDM early in pregnancy from patients who are newly at risk in developing GDM could be an approach that would provide the best benefit and result in clinical trials.¹¹⁷

REFERENCES

1. Koren O, Goodrich JK, Cullender TC, Spor A, Laitinen K, Bäckhed HK, et al. Host remodeling of the gut microbiome and metabolic changes during pregnancy. *Cell*. 2012;150(3):470-80.
2. Alfadhli EM. Gestational diabetes mellitus. *Saudi Medical Journal*. 2015;36(4):399.
3. Setji TL, Brown AJ, Feinglos MN. Gestational diabetes mellitus. *Clinical diabetes*. 2005;23(1):17-24.
4. Buchanan TA, Xiang AH, Page KA. Gestational diabetes mellitus: risks and management during and after pregnancy. *Nature Reviews Endocrinology*. 2012;8(11):639.
5. Homko C, Sivan E, Chen X, Reece E, Boden G. Insulin secretion during and after pregnancy in patients with gestational diabetes mellitus. *The Journal of Clinical Endocrinology & Metabolism*. 2001;86(2):568-73.
6. Seshiah V, Das A, Balaji V, Joshi SR, Parikh M, Gupta S. Gestational diabetes mellitus-guidelines. *JAPI*. 2006;54:622-2.
7. Bellamy L, Casas J-P, Hingorani AD, Williams D. Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis. *The Lancet*. 2009;373(9677):1773-9.
8. Kuhl C. Etiology and pathogenesis of gestational diabetes. *Diabetes care*. 1998;21:B19.
9. Dolatkhah N, Hajifaraji M, Abbasalizadeh F, Aghamohammadzadeh N, Mehrabi Y, Abbasi MM. Is there a value for probiotic supplements in gestational diabetes mellitus? A randomized clinical trial. *Journal of Health, Population and Nutrition*. 2015;33(1):25.
10. Anna V, Van Der Ploeg HP, Cheung NW, Huxley RR, Bauman AE. Sociodemographic correlates of the increasing trend in prevalence of gestational diabetes mellitus in a large population of women between 1995 and 2005. *Diabetes care*. 2008;31(12):2288-93.
11. Cheung NW, Byth K. Population health significance of gestational diabetes. *Diabetes care*. 2003;26(7):2005-9.
12. Yang H, Wei Y, Gao X, Xu X, Fan L, He J, et al. Risk factors for gestational diabetes mellitus in Chinese women—a prospective study of 16 286 pregnant women in China. *Diabetic Medicine*. 2009;26(11):1099-104.
13. Di Cianni G, Volpe L, Lencioni C, Miccoli R, Cuccuru I, Ghio A, et al. Prevalence and risk factors for gestational diabetes assessed by universal screening. *Diabetes research and clinical practice*. 2003;62(2):131-7.
14. Boney CM, Verma A, Tucker R, Vohr BR. Metabolic syndrome in childhood: association with birth weight, maternal obesity, and gestational diabetes mellitus. *Pediatrics*. 2005;115(3):e290-e6.
15. Hillier TA, Pedula KL, Schmidt MM, Mullen JA, Charles M-A, Pettitt DJ. Childhood obesity and metabolic imprinting: the ongoing effects of maternal hyperglycemia. *Diabetes care*. 2007;30(9):2287-92.
16. Erem C, Kuzu UB, Deger O, Can G. Prevalence of gestational diabetes mellitus and associated risk factors in Turkish women: the Trabzon GDM Study. *Archives of medical science: AMS*. 2015;11(4):724.
17. Landon MB, Gabbe SG. Gestational diabetes mellitus. *Obstetrics & Gynecology*. 2011;118(6):1379-93.
18. Jang HC. Gestational diabetes in Korea: incidence and risk factors of diabetes in women with previous fgestational diabetes. *Diabetes & metabolism journal*. 2011;35(1):1-7.
19. Dode MASDO, Santos ISD. Non classical riskf actors for gestational diabetes mellitus: a systematic review of the literature. *Cadernos de saude publica*. 2009;25:S341-S59.
20. Petry CJ. Gestational diabetes: risk factors and recent advances in its genetics and treatment. *British Journal of Nutrition*. 2010;104(6):775-87.
21. Ben-Haroush A, Yogeve Y, Hod M. Epidemiology of gestational diabetes mellitus and its association with Type 2 diabetes. *Diabetic Medicine*. 2004;21(2):103-13.
22. Erem C, Cihanyurdu N, Deger O, Karahan C, Çan G, Telatar M. Screening for gestational diabetes mellitus in northeastern Turkey (Trabzon City). *European journal of epidemiology*. 2003;18(1):39-43.
23. Wendland EM, Pinto ME, Duncan BB, Belizán JM, Schmidt MI. Cigarette smoking and risk of gestational diabetes: a systematic review of observational studies. *BMC pregnancy and childbirth*. 2008;8(1):53.
24. Reece EA, Leguizamón G, Wiznitzer A. Gestational diabetes: the need for a common ground. *The Lancet*. 2009;373(9677):1789-97.
25. Bell LK, Edwards S, Grieger JA. The relationship between dietary patterns and metabolic health in a representative sample of adult Australians. *Nutrients*. 2015;7(8):6491505.
26. Lepage C, Rachet B, Jooste V, Faivre J, Coleman MP. Continuing rapid increase in esophageal adenocarcinoma in England and Wales. *The American journal of gastroenterology*. 2008;103(11):2694.
27. Shin D, Lee KW, Song WO. Dietary patterns during pregnancy are associated with risk of gestational diabetes mellitus. *Nutrients*.

2015;7(11):9369-82.

28. Chen X, Zhao D, Mao X, Xia Y, Baker PN, Zhang H. Maternal dietary patterns and pregnancy outcome.

Nutrients. 2016;8(6):351.

29. Almurshed KS, Bani IA, Al-Kanhal MA, Al-Amri MA. A study of maternal dietary intake during pregnancy in Riyadh, Saudi Arabia. *Journal of family & community medicine*.

2007;14(1):9.

30. Willett WC. Diet and health: what should we eat? *Science*. 1994;264(5158):532-7.

31. Taylor BL, Woodfall GE, Sheedy KE, O'Riley ML, Rainbow KA, Bramwell EL, et al. Effect of probiotics on metabolic outcomes in pregnant women with gestational diabetes: a systematic review and meta-analysis of randomized controlled trials. *Nutrients*. 2017;9(5):461.

32. Isolauri E, Rautava S, Collado M, Salminen S. Role of probiotics in reducing the risk of gestational diabetes. *Diabetes, Obesity and Metabolism*. 2015;17(8):713-9.

33. Lindsay KL, Brennan L, Kennelly MA, Maguire OC, Smith T, Curran S, et al. Impact of probiotics in women with gestational diabetes mellitus on metabolic health: a randomized controlled trial. *American Journal of Obstetrics & Gynecology*. 2015;212(4):496. e1- e11.

34. Thursby E, Juge N. Introduction to the human gut microbiota. *Biochemical Journal*. 2017;474(11):1823-36.

35. Hanning I, Diaz-Sanchez S. The functionality of the gastrointestinal microbiome in non-human animals. *Microbiome*. 2015;3(1):51.

36. Tanaka M, Nakayama J. Development of the gut microbiota in infancy and its impact on health in later life. *Allergology International*. 2017;66(4):515-22.

37. Oriach CS, Robertson RC, Stanton C, Cryan JF, Dinan TG. Food for thought: The role of nutrition in the microbiota-gut-brain axis. *Clinical Nutrition Experimental*. 2016;6:2538.

38. Wu H-J, Wu E. The role of gut microbiota in immune homeostasis and autoimmunity. *Gut microbes*. 2012;3(1):4-14.

39. Natividad JM, Verdu EF. Modulation of intestinal barrier by intestinal microbiota: pathological and therapeutic implications. *Pharmacological research*. 2013;69(1):42-51.

40 Panwar H, Rashmi HM, Batish VK, Grover S. Probiotics as potential biotherapeutics in the management of type 2 diabetes—prospects and perspectives. *Diabetes/metabolism research and reviews*. 2013;29(2):103-12.

41. Wang B, Yao M, Lv L, Ling Z, Li L. The human microbiota in health and disease. *Engineering*. 2017;3(1):71-82.

42. Jangi S, Gandhi R, Cox LM, Li N, Von Glehn F, Yan R, et al. Alterations of the human gut microbiome in multiple sclerosis. *Nature communications*. 2016;7:12015.

43. Delzenne NM, Cani PD, Everard A, Neyrinck AM, Bindels LB. Gut microorganisms as promising targets for the management of type 2 diabetes. *Diabetologia*. 2015;58(10):220617.

44. Friedman JE. Obesity and gestational diabetes mellitus pathways for programming in mouse, monkey, and man—where do we go next? The 2014 Norbert Freinkel Award Lecture. *Diabetes care*. 2015;38(8):1402-11.

45. Conlon MA, Bird AR. The impact of diet and lifestyle on gut microbiota and human health. *Nutrients*. 2014;7(1):17-44.

46. Mallappa RH, Rokana N, Duary RK, Panwar H, Batish VK, Grover S. Management of metabolic syndrome through probiotic and prebiotic interventions. *Indian journal of endocrinology and metabolism*. 2012;16(1):20.

47. Nadal I, Santacruz A, Marcos A, Warnberg J, Garagorri M, Moreno L, et al. Shifts in clostridia, bacteroides and immunoglobulin-coating fecal bacteria associated with weight loss in obese adolescents. *International Journal of Obesity*. 2009;33(7):758.

48. Duncan SH, Lobley G, Holtrop G, Ince J, Johnstone A, Louis P, et al. Human colonic microbiota associated with diet, obesity and weight loss. *International journal of obesity*. 2008;32(11):1720.

49. Collado MC, Isolauri E, Laitinen K, Salminen S. Distinct composition of gut microbiota during pregnancy in overweight and normal-weight women. *The American journal of clinical nutrition*. 2008;88(4):894-9.

50. Larsen N, Vogensen FK, van den Berg FW, Nielsen DS, Andreasen AS, Pedersen BK, et al. Gut microbiota in human adults with type 2 diabetes differs from non-diabetic adults. *PloS one*. 2010;5(2):e9085.

51. Amar J, Cani P, Chamontin B, Ferrieres J, Casteilla L, Alessi M, et al. Metabolic endotoxemia initiates obesity and insulin resistance. *Fundamental and Clinical Pharmacology*. 2007;21:2.

52. Amyot J, Semache M, Ferdaoussi M, Fontés G, Poitout V. Lipopolysaccharides impair insulin gene expression in isolated islets of Langerhans via Toll-Like Receptor-4 and NF- κ B signalling. *PloS one*.

2012;7(4):e36200.

53. Lam YY, Ha CW, Campbell CR, Mitchell AJ, Dinudom A, Oscarsson J, et al. Increased gut permeability and microbiota change associate with S mesenteric fat inflammation and metabolic dysfunction in diet-induced obese mice. *PLoS one*. 2012;7(3):e34233.

54. Suhre K, Meisinger C, Döring A, Altmaier E, Belcredi P, Gieger C, et al. Metabolic footprint of diabetes: a multiplatform metabolomics study in an epidemiological setting. *PLoS one*. 2010;5(11):e13953.

55. Brunkwall L, Orho-Melander M. The gut microbiome as a target for prevention and treatment of hyperglycaemia in type 2 diabetes: from current human evidence to future possibilities. *Diabetologia*. 2017;60(6):943-51.

56. Cani PD, Lecourt E, Dewulf EM, Sohet FM, Pachikian BD, Naslain D, et al. Gut microbiota fermentation of prebiotics increases satietogenic and incretin gut peptide production with consequences for appetite sensation and glucose response after a meal-. *The American journal of clinical nutrition*. 2009;90(5):1236-43.

57. Ravussin Y, Koren O, Spor A, LeDuc C, Gutman R, Stombaugh J, et al. Responses of gut microbiota to diet composition and weight loss in lean and obese mice. *Obesity*. 2012;20(4):738-47.

58. Forsythe P, Kunze WA. Voices from within: gut microbes and the CNS. *Cellular and molecular life sciences*. 2013;70(1):55-69.

59. Boulangé CL, Neves AL, Chilloux J, Nicholson JK, Dumas M-E. Impact of the gut microbiota on inflammation, obesity, and metabolic disease. *Genome medicine*. 2016;8(1):42.

60. John GK, Wang L, Nanavati J, Twose C, Singh R, Mullin G. Dietary Alteration of the Gut Microbiome and Its Impact on Weight and Fat Mass: A Systematic Review and MetaAnalysis. *Genes*. 2018;9(3):167.

61. Barrett HL, Nitert MD, Conwell LS, Callaway LK. Probiotics for preventing gestational diabetes (Protocol). *Cochrane Database of Systematic Review*. 2012(7 Art. No.: CD009951).

62. Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. An obesity-associated gut microbiome with increased capacity for energy harvest. *nature*. 2006;444(7122):1027.

63. Bäckhed F, Ding H, Wang T, Hooper LV, Koh GY, Nagy A, et al. The gut microbiota as an environmental factor that regulates fat storage. *Proceedings of the National Academy of Sciences of the United States of America*. 2004;101(44):15718-23.

64. Musso G, Gambino R, Cassader M. Obesity, diabetes, and gut microbiota: the hygiene hypothesis expanded? *Diabetes care*. 2010;33(10):2277-84.

65. Roberfroid MB. Prebiotics and probiotics: are they functional foods?. *The American journal of clinical nutrition*. 2000;71(6):1682S-7S.

66. Zhang C, Ning Y. Effect of dietary and lifestyle factors on the risk of gestational diabetes: review of epidemiologic evidence-. *The American journal of clinical nutrition*. 2011;94(suppl_6):1975S-9S.

67. Manning TS, Gibson GR. Prebiotics. *Best Practice & Research Clinical Gastroenterology*. 2004;18(2):287-98.

68. Anadón A, Martínez-Larrañaga MR, Ares I, Martínez MA. Probiotics: safety and toxicity considerations. *Nutraceuticals: Elsevier*; 2016. p. 777-98.

69. Ghouri YA, Richards DM, Rahimi EF, Krill JT, Jelinek KA, DuPont AW. Systematic review of randomized controlled trials of probiotics, prebiotics, and synbiotics in inflammatory bowel disease. *Clinical and experimental gastroenterology*. 2014;7:473.

70. Gibson GR, Probert HM, Van Loo J, Rastall RA, Roberfroid MB. Dietary modulation of the human colonic microbiota: updating the concept of prebiotics. *Nutrition research reviews*. 2004;17(2):259-75.

71. de Sousa VMC, dos Santos EF, Sgarbieri VC. The importance of prebiotics in functional foods and clinical practice. *Food and Nutrition Sciences*. 2011;2(02):133.

72. Roberfroid M, Gibson GR, Hoyles L, McCartney AL, Rastall R, Rowland I, et al. Prebiotic effects: metabolic and health benefits. *British Journal of Nutrition*. 2010;104(S2):S1-S63.

73. Gibson GR, Hutkins R, Sanders ME, Prescott SL, Reimer RA, Salminen SJ, et al.

Expert consensus document: The International Scientific Association for Probiotics and Prebiotics (ISAPP) consensus statement on the definition and scope of prebiotics. *Nature Reviews Gastroenterology and Hepatology*. 2017;14(8):491.

74. Mundi M, Mikal KM, Ahmed OH, Sarbini SR. A review on the effects of prebiotics on cell toxicity and integrity. *International Journal of Food Properties*. 2017;20(sup1):S1045S52.

75. Charalampopoulos D, Rastall RA. Prebiotics in foods. *Current opinion in biotechnology*. 2012;23(2):187-91.

76. Bomba A, Nemcova R, Gancarcikova S, Herich R, Guba P, Mudronova D. Improvement of the probiotic

- effect of micro-organisms by their combination with maltodextrins, fructo-oligosaccharides and polyunsaturated fatty acids. *British Journal of Nutrition*. 2002;88(S1):S95-S9.
77. Amara A, Shibl A. Role of Probiotics in health improvement, infection control and disease treatment and management. *Saudi pharmaceutical journal*. 2015;23(2):107-14.
78. Truter I. Probiotics and prebiotics: OTC management. *Professional Nursing Today*. 2012;16(3):24-31.
79. Betz M, Uzueta A, Rasmussen H, Gregoire M, Vanderwall C, Witowich G. Knowledge, use and perceptions of probiotics and prebiotics in hospitalised patients. *Nutrition & dietetics*. 2015;72(3):261-6.
80. Delzenne NM, Neyrinck AM, Bäckhed F, Cani PD. Targeting gut microbiota in obesity: effects of prebiotics and probiotics. *Nature Reviews Endocrinology*. 2011;7(11):639.
81. Nicolucci AC, Hume MP, Martínez I, Mayengbam S, Walter J, Reimer RA. Prebiotics reduce body fat and alter intestinal microbiota in children who are overweight or with obesity. *Gastroenterology*. 2017;153(3):711-22.
82. O'Connor S, Chouinard-Castonguay S, Gagnon C, Rudkowska I. Prebiotics in the management of components of the metabolic syndrome. *Maturitas*. 2017;104:11-8.
83. Dehghan P, Farhangi MA, Tavakoli F, Aliasgarzadeh A, Akbari AM. Impact of prebiotic supplementation on T-cell subsets and their related cytokines, anthropometric features and blood pressure in patients with type 2 diabetes mellitus: A randomized placebocontrolled Trial. *Complementary therapies in medicine*. 2016;24:96-102.
84. Sohn K, Underwood MA, editors. Prenatal and postnatal administration of prebiotics and probiotics. *Seminars in Fetal and Neonatal Medicine*; 2017: Elsevier.
85. Zhang J. Probiotics: The future of preventative medicine. UC Davis Prized Writing Retrieved from <http://prizedwriting.ucdavis.edu/past/2001-2002/probiotics-the-future-ofpreventative-medicine>. 2002.
86. Michail S, Sylvester F, Fuchs G, Issenman R. Clinical efficacy of probiotics: review of the evidence with focus on children. *Journal of pediatric gastroenterology and nutrition*. 2006;43(4):550-7.
87. Bermudez-Brito M, Plaza-Díaz J, Muñoz-Quezada S, Gómez-Llorente C, Gil A. Probiotic mechanisms of action. *Annals of Nutrition and Metabolism*. 2012;61(2):160-74.
88. Papadimitriou K, Zoumpopoulou G, Foligné B, Alexandraki V, Kazou M, Pot B, et al. Discovering probiotic microorganisms: in vitro, in vivo, genetic and omics approaches. *Frontiers in microbiology*. 2015;6:58.
89. Yun S, Park H, Kang J. Effect of *Lactobacillus gasseri* BNR17 on blood glucose levels and body weight in a mouse model of type 2 diabetes. *Journal of applied microbiology*. 2009;107(5):1681-6.
90. Cani PD, Plovier H, Van Hul M, Geurts L, Delzenne NM, Druart C, et al. Endocannabinoids—at the crossroads between the gut microbiota and host metabolism. *Nature Reviews Endocrinology*. 2016;12(3):133.
91. Sáez-Lara MJ, Robles-Sanchez C, Ruiz-Ojeda FJ, Plaza-Díaz J, Gil A. Effects of probiotics and synbiotics on obesity, insulin resistance syndrome, type 2 diabetes and nonalcoholic fatty liver disease: a review of human clinical trials. *International journal of molecular sciences*. 2016;17(6):928.
92. De Filippo C, Cavalieri D, Di Paola M, Ramazzotti M, Poullet JB, Massart S, et al. Impact of diet in shaping gut microbiota revealed by a comparative study in children from Europe and rural Africa. *Proceedings of the National Academy of Sciences*. 2010;107(33):14691-6.
93. Tremaroli V, Bäckhed F. Functional interactions between the gut microbiota and host metabolism. *Nature*. 2012;489(7415):242.
94. Ruan Y, Sun J, He J, Chen F, Chen R, Chen H. Effect of probiotics on glycemic control: a systematic review and meta-analysis of randomized, controlled trials. *PloS one*. 2015;10(7):e0132121.
95. Matsuzaki T, Yamazaki R, Hashimoto S, Yokokura T. Antidiabetic effects of an oral administration of *Lactobacillus casei* in a non-insulin-dependent diabetes mellitus (NIDDM) model using KK-Ay mice. *Endocrine journal*. 1997;44(3):357-65.
96. Matsuzaki T, Nagata Y, Kado S, Uchida K, Kato I, Hashimoto S, et al. Prevention of onset in an insulin-dependent diabetes mellitus model, Nod mice, by oral feeding of *Lactobacillus casei* strain Shirota. *Cancer Detection and Prevention*. 1998;22:63.
97. Matsuzaki T, Takagi A, Ikemura H, Matsuguchi T, Yokokura T. Intestinal microflora: probiotics and autoimmunity. *The Journal of nutrition*. 2007;137(3):798S-802S.
98. Tabuchi M, Ozaki M, Tamura A, Yamada N, Ishida T, Hosoda M, et al. Antidiabetic effect of *Lactobacillus GG* in streptozotocin-induced diabetic rats. *Bioscience, biotechnology, and biochemistry*. 2003;67(6):1421-4.

99. Calcinaro F, Dionisi S, Marinaro M, Candeloro P, Bonato V, Marzotti S, et al. Oral probiotic administration induces interleukin-10 production and prevents spontaneous autoimmune diabetes in the non-obese diabetic mouse. *Diabetologia*. 2005;48(8):1565-75.
100. Yadav H, Jain S, Sinha PR. Oral administration of dahi containing probiotic *Lactobacillus acidophilus* and *Lactobacillus casei* delayed the progression of streptozotocin-induced diabetes in rats. *Journal of Dairy Research*. 2008;75(2):189-95.
101. Yadav H, Jain S, Sinha P. Antidiabetic effect of probiotic dahi containing *Lactobacillus acidophilus* and *Lactobacillus casei* in high fructose fed rats. *Nutrition*. 2007;23(1):62-8.
102. Ma X, Hua J, Li Z. Probiotics improve high fat diet-induced hepatic steatosis and insulin resistance by increasing hepatic NKT cells. *Journal of hepatology*. 2008;49(5):821-30.
103. Inzucchi SE, Bergenstal RM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycaemia in type 2 diabetes: a patient-centered approach. Position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia*. 2012;55(6):1577-96.
104. Charalampopoulos D, Rastall RA. *Prebiotics and probiotics science and technology*: Springer; 2009.
105. Macfarlane GT, Cummings JH. Probiotics and prebiotics: can regulating the activities of intestinal bacteria benefit health? *BMJ: British Medical Journal*. 1999;318(7189):999.
106. Goldin BR. Health benefits of probiotics. *The British journal of nutrition*. 1998;80(4):S203-7.
107. Guandalini S. Probiotics for prevention and treatment of diarrhea. *Journal of Clinical Gastroenterology*. 2011;45:S149-S53.
108. Szajewska H, Mrukowicz JZ. Probiotics in the treatment and prevention of acute infectious diarrhea in infants and children: a systematic review of published randomized, double-blind, placebo-controlled trials. *Journal of pediatric gastroenterology and nutrition*. 2001;33:S17-S25.
109. Omu AE. Pro-inflammatory cytokines, lipid metabolism and inflammation in gestational diabetes mellitus as cause of insulin resistance. *Gestational Diabetes-Causes, Diagnosis and Treatment: InTech*; 2013.
110. Nitert MD, Barrett HL, Foxcroft K, Tremellen A, Wilkinson S, Lingwood B, et al. SPRING: an RCT study of probiotics in the prevention of gestational diabetes mellitus in overweight and obese women. *BMC pregnancy and childbirth*. 2013;13(1):50.
111. Oostdam N, van Poppel MN, Wouters MG, van Mechelen W. Interventions for preventing gestational diabetes mellitus: a systematic review and meta-analysis. *Journal of women's health*. 2011;20(10):1551-63.
112. Hajifaraji M, Jahanjou F, Abbasalizadeh F, Aghamohammadzadeh N, Abbasi MM, Dolatkhan N. Effect of probiotic supplements in women with gestational diabetes mellitus on inflammation and oxidative stress biomarkers: a randomized clinical trial.
113. Lappas M, Hiden U, Desoye G, Froehlich J, Mouzon SH-d, Jawerbaum A. The role of oxidative stress in the pathophysiology of gestational diabetes mellitus. *Antioxidants & redox signaling*. 2011;15(12):3061-100.
114. Luoto R, Laitinen K, Nermes M, Isolauri E. Impact of maternal probiotics-supplemented dietary counselling on pregnancy outcome and prenatal and postnatal growth: a double-blind, placebo-controlled study. *British journal of nutrition*. 2010;103(12):1792-9.
115. Poomalar GK. Changing trends in management of gestational diabetes mellitus. *World journal of diabetes*. 2015;6(2):284.
116. Diabetes IAO, Panel PSGC. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. *Diabetes care*. 2010;33(3):676-82.
117. Simmons D. Prevention of gestational diabetes mellitus: where are we now? *Diabetes, Obesity and Metabolism*. 2015;17(9):824-34.

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