**Diabetes gestacional Instable**

| **Fecha** |  **Desayuno** |  **Comida** |  **Cena** |
| --- | --- | --- | --- |
| Antes | 1 hora después | Antes | 1 hora después | Antes | 1 hora después |
| **Lunes** | X | X | X |  |  |  |
| **Martes** | X | X |  | X | X | X |
| **Miércoles** | X | X | X |  |  |  |
| **Jueves** | X | X |  | X | X | X |
| **Viernes** | X | X | X |  |  |  |
| **Sábado** | X | X |  | X | X | X |
| **Domingo** | X | X | X |  |  |  |