



SESSION

4

**Medicine
During
Pregnancy**

**DMCPG-M
Medicine During
Pregnancy**

STATEMENT OF PURPOSE

This session provides information about the use of insulin and other medicines in women with pregnancy and diabetes.

PREREQUISITES

It is recommended that participants have a basic understanding of both pregnancy and diabetes.

LEARNING OBJECTIVES

- DMCPG-M-1 Describe the use of insulin during pregnancy.
- DMCPG-M-2 Describe the use of diabetes pills during pregnancy.
- DMCPG-M-3 Discuss the use of prescription, over-the-counter and herbal medicines, as well as traditional practices, during pregnancy.
- DMCPG-M-GS State or write a personal plan for the use of medicine during pregnancy.



CONTENT

Use of medicines with pregnancy and diabetes

MATERIALS NEEDED

Visuals Provided

- #1 *Insulin Needs During Pregnancy*
- #2 *Gestational Diabetes: How to Have a Healthy Baby*
- #3 *Pregnancy Medicine Sheet*
- #4 *So Many Blessings*
- #5 *Changes I Can Make*

Additional Resources

Local resource list
Diabetes and Pregnancy: What to Expect
Gestational Diabetes: What to Expect
Taking Care of Gestational Diabetes
Gestational Diabetes: Caring for Yourself and Your Baby

METHOD OF PRESENTATION

Instructors need to review *BYLD*, Session #6: *Diabetes Medicine* prior to presenting this session and women taking diabetes medicine need to complete those learning objectives. Instructors need to review participants' treatment plans and present material appropriate for the medicines they are currently taking.

Start by introducing yourself. Use a creative icebreaker. (See *BYLD* Introduction on p. XIII for examples.) You may want to ask participants to introduce themselves and share something about themselves, their family, how they live with pregnancy and diabetes, and how they feel about insulin injections (if applicable). Explain that the purpose of this session is for participants to develop a personal plan for the use of medicine during pregnancy.

Use facilitated group discussion to present material. Encourage participants to share stories and ask questions to facilitate the discussion. Have a variety of teaching tools available based on participants' learning needs. Be creative and encourage interaction. Use real life situations for discussion. A videotape or audiotape may be used to introduce content if available.



CONTENT OUTLINE

Objective	Content	Instructor’s Notes
<p>DMCPG-M-1. Describe the use of insulin during pregnancy.</p>	<p>Women with pregnancy and diabetes often need to take insulin to reach and stay at target blood sugar goals.</p> <p>As pregnancy progresses, insulin may not work as well as it did before pregnancy or in the beginning of pregnancy.</p> <p>Because of this insulin resistance, the pregnant woman may need to add insulin, or take more insulin, to reach and stay at target blood sugar goals.</p> <p>Insulin amounts may need to be changed often.</p>	<p>Ask, “Is anyone taking insulin now? Was anyone taking insulin before the pregnancy? Has the kind or amount of insulin you take changed during your pregnancy?” List/discuss responses.</p> <p>Visual #1: <i>Insulin Needs During Pregnancy</i> and Visual #2: <i>Gestational Diabetes—How to Have a Healthy Baby</i>, p. 11</p> <p>Insulin resistance affects both the insulin the mother makes in her body and the insulin taken by injections.</p> <p>Increasing insulin resistance during pregnancy is the result of:</p> <ul style="list-style-type: none"> • hormones made by the placenta • weight gain of the mother <p>Insulin needs to be balanced with food choices and physical activity.</p> <p>Staying at target blood sugar goals helps the mother and baby stay healthy during pregnancy.</p> <p>Emphasize that insulin injections will not hurt the baby.</p> <p>Women need to work closely with their health care provider when taking insulin during pregnancy.</p> <p>Emphasize the need to review the blood sugar numbers in her logbook with the health care team often throughout the pregnancy. Generally, if blood sugar is not at target goal 2 times (at the same time of day) in 1-2 weeks, insulin may need to be added or changed.</p>



Objective	Content	Instructor’s Notes
DMCPG-M-1. (continued)	<p data-bbox="490 537 911 604">Low blood sugar is a side effect of insulin.</p> <p data-bbox="490 1188 911 1255">The technique for injecting insulin does not change during pregnancy.</p>	<p data-bbox="963 310 1419 499">Some women may want to learn how they can change their insulin based on their blood sugar checks. Refer participants to the health care team as appropriate.</p> <p data-bbox="963 537 1419 762">Low blood sugar may happen when a woman:</p> <ul data-bbox="984 619 1419 762" style="list-style-type: none"><li data-bbox="984 619 1419 686">• takes insulin and skips a meal or a snack<li data-bbox="984 695 1268 724">• takes too much insulin<li data-bbox="984 732 1299 762">• is more active than usual <p data-bbox="963 810 1468 1144">Low blood sugar can be treated with foods or drinks that contain sugar. Emphasize that pregnant women have more chance of low blood sugar whether they are on insulin or not. The baby is using the food (sugar) for energy to grow. See <i>BYLD</i>, Session #9: <i>Balancing Your Blood Sugar</i> for more information on low blood sugar.</p> <p data-bbox="963 1188 1435 1371">Injecting insulin in the abdomen will not hurt the baby. A woman may continue using the abdomen as an injection site, unless she cannot pinch her skin well in this area.</p> <p data-bbox="963 1419 1445 1488">Explore feelings and concerns related to insulin injections.</p> <p data-bbox="963 1537 1435 1677">See <i>BYLD</i>, Session #6: <i>Diabetes Medicine</i>, Section 1, <i>Overview</i> and Section 3, <i>Insulin</i> for more information on insulin administration.</p> <p data-bbox="963 1726 1435 1869">Remind participants to talk with their health care provider about how to take their medicine when they are scheduled for delivery.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-M-2. Describe the use of diabetes pills during pregnancy.</p>	<p>Generally, women who are taking diabetes pills when they become pregnant need to change to insulin.</p>	<p>Ask, “Is anyone taking diabetes pills now, or before this pregnancy?” List/discuss responses.</p> <p>See <i>BYLD</i>, Session #6: <i>Diabetes Medicine</i>, Section 2, <i>Diabetes Pills</i> for information on diabetes pills.</p> <p>The use of diabetes pills in pregnancy is still being studied.</p> <p>Diabetes pills are sometimes used during pregnancy.</p> <p>Provide information about the use of diabetes pills appropriate to participants’ needs and local facility policy.</p> <p>Women need to work closely with their health care provider when taking diabetes pills during pregnancy.</p> <p>Remind participants to talk with their health care provider about how to take their medicine when they are scheduled for delivery.</p>
<p>DMCPG-M-3. Discuss the use of prescription, over-the-counter, and herbal medicines, as well as traditional practices, during pregnancy.</p>	<p>Some medicines and herbs are not safe to use during pregnancy.</p> <p>Women need to talk with their health care provider before using any medicines, including herbs.</p>	<p>Ask, “What medicines, prescription/over-the-counter/herbal, do you take?” List/discuss responses.</p> <p>Some medicines and herbs may hurt the baby and/or make the mother’s blood sugar go too high or too low.</p> <p>Visual #3: <i>Pregnancy Medicine Sheet</i></p> <p>Assist participants in completing Visual #3.</p> <p>Emphasize the need to make a list of all medicines used, carry it with them, and show it whenever they visit their health care team.</p>



Objective	Content	Instructor’s Notes
DMCPG-M-3. (continued)	<p>There are traditional ways to treat diabetes and manage pregnancy. Women need to discuss traditional practices they use with their health care provider so they can be used together with “western” treatments in the most helpful way.</p>	<p>Instructors may want to work with a pharmacist at their facility to make a visual of locally available over-the-counter medicines that are safe to use.</p> <p>Instructors need to be familiar with local traditions. Some traditional methods are safe if “western” treatments are continued. Ask participants if content needs to be discussed.</p>
DMCPG-M-GS. State or write a personal plan for the use of medicine during pregnancy.	<p>Making changes in health habits, such as using medicines safely during pregnancy, is easier when plans are broken down into small, easy-to-do steps.</p>	<p>Distribute and discuss Visual #4: <i>So Many Blessings</i>.</p> <p>Visual #5: <i>Changes I Can Make</i></p> <p>Assist participants in stating or writing one thing they will do about their use of medicines during pregnancy.</p> <p>See <i>BYLD</i>, Session #3: <i>Making Healthy Changes</i>.</p>

SKILLS CHECKLIST

Each participant will be able to list her current medicines.

EVALUATION PLAN

Knowledge will be evaluated by achievement of learning objectives and by responses to questions during the session. The ability to apply knowledge will be evaluated by the development and implementation of their personal medicine plan. Application of knowledge can also be evaluated through *Diabetes and Real Life Activities*. Evaluation will also include program outcome measures.

DOCUMENTATION PLAN

Record class attendance and objectives achieved. Document patient response on the PCC record using current *IHS Patient Education Protocols and Codes (PEPC)*.

