



Diabetes and Pregnancy



Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Diabetes and Pregnancy Program right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Raising awareness about diabetes during pregnancy?

Yes No

What you will be doing: Conducting community campaigns ♦ Distributing newsletters ♦ Making presentations ♦ Circulating posters about diabetes and pregnancy

Who will be doing it: Community program staff ♦ Health care providers ♦ Organization leaders

2. Identifying, monitoring, and referring women?

Yes No

What you will be doing: Identifying, monitoring, and referring women at risk for diabetes, with existing diabetes, or with a history of gestational diabetes ♦ Developing and maintaining a registry of childbearing age ♦ Providing counseling on the importance of maintaining a healthy weight

Who will be doing it: Community program staff ♦ Health care providers

3. Providing preconception counseling?

Yes No

What you will be doing: Setting goals to improve blood sugar management before pregnancy ♦ Reducing perinatal complications and long-term consequences related to diabetes during pregnancy ♦ Covering topics such as family planning and folic acid ♦ Offering healthy lifestyle interventions (including weight management, exercise, as well as avoiding alcohol, tobacco, recreational drugs, and caffeine)

Who will be doing it: Community program staff ♦ Health care providers

4. Providing patient diabetes education?

Yes No

What you will be doing: Setting goals to keep blood sugar in target range ♦ Using an Indian Health Service (IHS)-certified curriculum, such as *Beautiful Beginnings*

Who will be doing it: Community program staff ♦ Health care providers

5. Providing patient care?

Yes No

What you will be doing: Obtaining a medical and obstetrical history before pregnancy ♦ Conducting physical exams and tests ♦ Implementing a comprehensive treatment plan

Who will be doing it: Health care providers

➔ If you answered “Yes” to many of these questions, go to page 2 to learn how a Best Practice Diabetes and Pregnancy Program can benefit your diabetes program!

What is diabetes during pregnancy?

Diabetes can develop when a woman is pregnant; this is called *gestational diabetes*. Diabetes that is present before a woman becomes pregnant or is diagnosed in the first trimester is called *pregestational diabetes*. In either case, diabetes that exists during pregnancy poses a risk for both the mother and baby.

Why is diabetes and pregnancy important to American Indian and Alaska Native communities?

- Diabetes that is initiated during pregnancy (i.e., gestational diabetes) increases the mother's risk of developing diabetes within five years after that pregnancy.
- Diabetes during pregnancy poses great risks to the baby, such as growth abnormalities, birth injuries, birth defects, and stillbirth.
- Diabetes during pregnancy increases the child's long-term risk of becoming overweight and developing diabetes. More than 70% of people with prenatal exposure to type 2 diabetes develop it by the time they reach early adulthood (between the ages of 25 and 34 years).

The good news about diabetes and pregnancy...

Opportunities exist to prevent diabetes during pregnancy and to provide effective interventions (e.g., good blood sugar control) for women with diabetes during pregnancy. These interventions can help improve outcomes for both mother and child.



"I gave birth to a 6-pound, 3-ounce healthy girl! I was thrilled that I had a healthy pregnancy, even with diabetes. And I was determined to keep my new habits—for myself and for my children."

—Victoria Dawahoya, Pima

A Best Practice Diabetes and Pregnancy Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve diabetes and pregnancy care:

1. Who can help?

Ask for and enlist support from: Women, Infant, and Children (WIC) programs ♦ Registered dietitians ♦ Community health representatives ♦ Community programs, such as public health agencies, recreation centers, and walking groups ♦ Local schools ♦ Local businesses, such as grocery stores, fitness clubs, and restaurants

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you: Leverage resources ♦ Avoid duplicating services ♦ Share staff, ideas, and resources ♦ Get support for your common goal of improving the health of your community

3. How can you work together?

Work with your partners to: Share what you are doing ♦ Determine what each partner will do ♦ Assign tasks and timelines ♦ Plan and establish programs and activities ♦ Develop and implement goals and objectives ♦ Design evaluation plans ♦ Maintain regular contact with each other

