



SESSION

1

Pregnancy, Diabetes and You

DMCPG-DM

Pregnancy, Diabetes and You: First Steps to a Healthy Pregnancy

STATEMENT OF PURPOSE

This session provides information about the differences between pre-gestational and gestational diabetes, the need for frequent care and follow-up, and the importance of reaching and staying at target blood sugar goals during pregnancy.

PREREQUISITES

None for women with gestational diabetes. It is recommended that women with pre-gestational diabetes have a basic knowledge of diabetes.

LEARNING OBJECTIVES

- | | |
|-------------|---|
| DMCPG-DM-1 | Describe personal feelings about pregnancy and diabetes. |
| DMCPG-DM-2 | State in own words the difference between pre-gestational and gestational diabetes. |
| DMCPG-DM-3 | State the target blood sugar goals for pregnancy. |
| DMCPG-DM-4 | Describe the need for frequent care and follow-up during pregnancy. |
| DMCPG-DM-5 | Identify two or more resources for support during pregnancy. |
| DMCPG-DM-GS | State or write a personal plan for care during pregnancy. |



CONTENT

General self-care for pregnancy and diabetes

MATERIALS NEEDED

Visuals Provided

- #1 *Feelings Faces*
- #2 *Gestational Diabetes—How to Have a Healthy Baby*
- #3 *Native Americans and Gestational Diabetes*
- #4 *Diagnosing Gestational Diabetes*
- #5 *Target Blood Sugar Goals for Pregnancy*
- #6 *So Many Blessings*
- #7 *Changes I Can Make*

Additional Resources

Local *resource list*
 Pre-gestational and gestational diabetes videos
Diabetes and Pregnancy: What to Expect
Gestational Diabetes: What to Expect
Taking Care of Gestational Diabetes
Gestational Diabetes: Caring for Yourself and Your Baby
Baby Growing
 Pictures of developmental stages for mother and baby by month

METHOD OF PRESENTATION

Instructors need to review *BYLD*, Session #1: *What is Diabetes?* and Session #2: *Diabetes and Mind, Spirit and Emotion* prior to presenting this session.

Start by introducing yourself. Use a creative icebreaker. (See *BYLD*, Introduction on p. XIII for examples.) Offer congratulations to the participants on their pregnancies. You may want to ask participants to share if they had diabetes with a previous pregnancy and what the challenges were. Explain that the purpose of this session is for participants to develop a personal plan for care during pregnancy, as well as providing some time for participants to express their feelings about pregnancy and diabetes.

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.

Emphasize the importance of dealing with emotional issues to stay healthy during pregnancy. Some people may not want to talk about their feelings. One way to accommodate them is to ask all participants to write down their feelings on a card and give them to the instructor to read. This way people are not identified with their feelings and



thoughts. It is important to acknowledge and validate any feelings expressed by participants. If family members or significant others are present, you can draw them into the discussion by asking about their feelings and concerns.

CONTENT OUTLINE

Objective	Content	Instructor’s Notes
<p>DMCPG-DM-1. Describe personal feelings about pregnancy and diabetes.</p>	<p>All women with pregnancy and diabetes have different feelings or thoughts at different times during their pregnancy. These feelings may include:</p> <ul style="list-style-type: none"> • happiness • acceptance • shock • fear • anger • sadness • guilt • denial <p>The way a woman feels may affect how she cares for her pregnancy and diabetes.</p> <p>There are many things a woman can do to handle her feelings. Some of the ways to handle feelings are:</p> <ul style="list-style-type: none"> • talk with someone about these feelings • keep a diary of thoughts and feelings <ul style="list-style-type: none"> • be active • meditate or pray • ask for help if feelings: <ul style="list-style-type: none"> - get too strong - make it hard to care for oneself or the pregnancy - make it hard to care for diabetes - make it hard to care for family 	<p>Ask, “What are your thoughts and feelings about being pregnant and having diabetes?” List/discuss responses. Have participants say or write their answers, or circle their feelings on Visual #1: <i>Feelings Faces</i>.</p> <p>Stress may also affect how a woman cares for her pregnancy and diabetes. See <i>BYLD</i>, Session #2: <i>Diabetes and Mind, Spirit and Emotion</i> for more information on stress.</p> <p>Ask, “What has helped you handle your feelings in the past?” List/discuss responses.</p> <p>For people who have a hard time saying their feelings, writing them may help.</p> <p>For example: walk.</p> <p>Women need to ask for help with negative feelings that are strong and/or last longer than a week or two.</p> <p>Distribute local <i>resource list</i>.</p> <p>Refer for behavioral health counseling as appropriate.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-DM-2. State in own words the difference between pre-gestational and gestational diabetes.</p>	<p>The word “gestational” means “pregnancy.”</p> <p><u>Pre-gestational diabetes</u> means the woman had diabetes before the pregnancy.</p> <p><u>Gestational diabetes</u> means high blood sugar which first appears during pregnancy.</p> <p>· All pregnant women are checked for gestational diabetes if they do not have diabetes before the pregnancy.</p>	<p>Ask, “Does anyone want to share what type of diabetes they have—pre-gestational or gestational?” List/discuss responses.</p> <p>Assist participants in identifying the type of diabetes they have.</p> <p>Visual #2: <i>Gestational Diabetes—How to Have a Healthy Baby</i>, pp. 3-5, and Visual #3: <i>Native Americans and Gestational Diabetes</i></p> <p>The placenta (the organ that feeds the baby) makes hormones that can cause the mother’s insulin to not work as well as it did before the pregnancy. This is called insulin resistance. This can lead to high blood sugar during pregnancy. The amount of the placental hormones and insulin resistance increases as the pregnancy progresses.</p> <p>For women with gestational diabetes, high blood sugar usually goes away after delivery because of decreased insulin resistance when they are no longer pregnant. See <i>BB</i>, Session #7: <i>Staying Healthy after Delivery</i> for more information on follow-up for gestational diabetes after delivery.</p> <p>Weight gain during pregnancy can also lead to insulin resistance and gestational diabetes.</p> <p>Generally, women are checked for gestational diabetes early in their pregnancy and again at certain times later in their pregnancy.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-DM-2. (continued)</p>	<ul style="list-style-type: none"> · A woman has gestational diabetes if the 100-gram 3-hour glucose tolerance test (GTT) shows <u>2 or more blood sugar results greater than or equal to</u> the following numbers: <ul style="list-style-type: none"> • Fasting: 95 mg/dl • 1 hour: 180 mg/dl • 2 hour: 155 mg/dl • 3 hour: 140 mg/dl 	<p>A 100-gram 3-hour glucose tolerance test (GTT) is done to <u>diagnose</u> gestational diabetes. This test includes a 100-gram glucose drink and blood tests over 3 hours. It is done when the pregnant woman is fasting (she has not had anything to eat or drink, except water, for at least 8 hours.)</p> <p>Many health care providers do a 50-gram 1-hour <u>screening</u> glucose tolerance test (GTT) on all women without diabetes at the first prenatal visit. This can be done anytime of day and the woman does not need to be fasting. If the glucose is equal to or greater than 140 mg/dl on this test, the woman needs to return for a 100-gram 3-hour GTT.</p> <p>Note: Some American Indian/Alaska Native (AI/AN) communities are using a lower glucose of 130 mg/dl on the 50-gram 1-hour screening GTT to indicate the need for a 100-gram 3-hour GTT.</p> <p>Note: Some health care providers do a 75-gram 2-hour GTT as the screening and diagnostic test.</p> <p>Visual #4: <i>Diagnosing Gestational Diabetes</i> Assist participants in completing visual with their test results as appropriate.</p> <p>These are the diagnostic criteria recommended by the American Diabetes Association. Facilities may choose to use criteria recommended by other experts.</p> <p>Note: <u>One</u> abnormal value on the 100-gram 3-hour GTT means a woman has</p>



Objective	Content	Instructor’s Notes
DMCPG-DM-2. (continued)		<p>impaired glucose tolerance of pregnancy (also called gestational carbohydrate intolerance). Studies have shown that these women may have a greater chance of having big babies.</p> <p>Note: Checking blood sugar with a glucose meter, or doing an A1c test is not recommended for diagnosing gestational diabetes.</p>
DMCPG-DM-3. State the target blood sugar goals for pregnancy.	<p>Keeping blood sugar at target goals during pregnancy helps the mother and baby stay healthy.</p> <p>Blood sugar goals during pregnancy are:</p> <ul style="list-style-type: none"> • A1c: 6% or less • Fasting blood sugar: 60-90 mg/dl • Blood sugar 1 hour after meals: 100-140 mg/dl • Blood sugar 2 hours after meals: 100-120 mg/dl 	<p>Visual #2: <i>Gestational Diabetes—How to Have a Healthy Baby</i>, p. 8, and Visual #5: <i>Target Blood Sugar Goals For Pregnancy</i></p> <p>Having high blood sugar during pregnancy can lead to problems for the mother and the baby.</p> <p>See <i>BB</i>, Session #6: <i>Staying Healthy During Pregnancy</i> for more information on ways to help the mother and baby stay healthy during pregnancy.</p> <p>Ask, “What are your target blood sugar goals?” List/discuss responses.</p> <p>See <i>BYLD</i>, Session #8: <i>Knowing Your Numbers—ABCs</i> for more information on A1c.</p> <p>The A1c needs to be in the “normal lab range” during pregnancy.</p> <p>These goals are for whole blood glucose. Add 10-15% to convert these to plasma glucose. In these blood sugar ranges, however, there appears to be little difference between whole blood and plasma values with glucose meter testing and conversion is probably not necessary.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-DM-3. (continued)</p>	<p>A woman can reach and stay at her target blood sugar goals by:</p> <ul style="list-style-type: none"> • checking blood sugar often • making healthy food choices • being active • taking medicine (if needed) <ul style="list-style-type: none"> • keeping health care appointments • talking with their diabetes team • handling feelings and stress • avoiding alcohol 	<p>Target goals may vary based on facility standards and the individual needs of the person with pregnancy and diabetes. Provide information appropriate for the participants and local facility.</p> <p>Emphasize the importance of checking blood sugar often, writing blood sugar numbers in a logbook and bringing logbook to visits with the health care team.</p> <p>See <i>BB, Session #5: Blood Sugar Monitoring During Pregnancy</i> for more information on checking blood sugar.</p> <p>Emphasize the importance of keeping blood sugar at target goals throughout the pregnancy.</p> <p>Most women with <u>pre-gestational diabetes</u> will need to take insulin during pregnancy.</p> <p>As the pregnancy progresses, some women with <u>gestational diabetes</u> may need to take insulin to reach and stay at target blood sugar goals.</p> <p>Alcohol can also harm the baby.</p>
<p>DMCPG-DM-4. Describe the need for frequent care and follow-up during pregnancy.</p>	<p>During pregnancy, frequent care and follow-up are needed to:</p> <ul style="list-style-type: none"> • reach and stay at target blood sugar goals • check the health of the mother and baby 	<p>Ask, “How often do you come in for prenatal care? What kinds of care do you receive when you come in?” List/discuss responses.</p> <p>Women will need to talk with their health care team often to problem solve and make changes to stay at target goal.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-DM-4. (continued)</p>	<ul style="list-style-type: none"> • manage health problems and concerns • talk about concerns <p>This care includes:</p> <ul style="list-style-type: none"> • visits to the health care provider <ul style="list-style-type: none"> • visits to the health care team • visits to specialists • lab tests • special monitoring tests • support for self-care 	<p>Visual #2: <i>Gestational Diabetes—How to Have a Healthy Baby</i>, pp. 9 and 22</p> <p>Some of the care for women with pregnancy and diabetes is different than the care for pregnant women without diabetes. See <i>BB</i>, Session #6: <i>Staying Healthy During Pregnancy</i> for more information on care for pregnancy and diabetes.</p> <p>See <i>BB</i>, Session #1: <i>Pregnancy, Diabetes and You—Objective 5</i> for more information on the health care team.</p>
<p>DMCPG-DM-5. Identify 2 or more resources for support during pregnancy.</p>	<p>Caring for pregnancy and diabetes is not always easy.</p> <p>Taking care of pregnancy and diabetes is easier when the mother and her family are part of a team.</p> <p>Team members include:</p> <ul style="list-style-type: none"> • the pregnant woman and her family • health care provider 	<p>Ask, “What are some of the things that you and your family might need help with during pregnancy? Who can help you?” List/discuss responses.</p> <p>Pregnancy is a time when many women need more support to help them keep up with frequent care and follow-up.</p> <p>Emphasize the important role of the team to help women stay at target blood sugar goals and receive needed care in order to have a healthy pregnancy and healthy baby.</p> <p>Discuss team members and their roles. Distribute local <i>resource list</i>.</p> <p>During pregnancy, the woman with diabetes usually continues care with her health care provider as well as an obstetrician and/or perinatologist.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-DM-5. (continued)</p>	<ul style="list-style-type: none"> • obstetrician • perinatologist • midwife • diabetes educator • dietitian • eye doctor • dentist • physical therapist • public health nurse • social service staff • behavioral health staff • family planning counselor • Women, Infants and Children program (WIC) • breastfeeding support/lactation specialist • tobacco cessation programs • alcohol and drug abuse programs • state health programs 	<p>An obstetrician is a physician who specializes in the care of pregnant women.</p> <p>A perinatologist is a physician who manages the care of the unborn baby before and during delivery.</p> <p>State health programs may help pay for health care not provided by IHS, tribal health or urban Indian facilities.</p>
<p>DMCPG-DM-GS. State or write a personal plan for care during pregnancy.</p>	<p>Making changes in health habits, such as healthy self-care behaviors when pregnant, is easier when plans are broken down into small, easy-to-do steps.</p>	<p>Distribute and discuss Visual #6: <i>So Many Blessings</i>.</p> <p>Visual #7: <i>Changes I Can Make</i></p> <p>Assist participants in stating or writing one thing they will do for care during pregnancy.</p> <p>See <i>BYLD</i>, Session #3: <i>Making Healthy Changes</i>.</p>



SKILLS CHECKLIST

Each participant will be able to make a personal plan for care during pregnancy.

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 pregnancy and diabetes care 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)*.

