



SESSION

7

Staying Healthy After Delivery

DMCPG-PP Staying Healthy After Delivery

STATEMENT OF PURPOSE

This session provides information about postpartum care for women with pre-gestational and gestational diabetes.

PREREQUISITES

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

LEARNING OBJECTIVES

- DMCPG-PP-1 Identify two or more self-care needs after delivery for mothers with pregnancy and diabetes.
- DMCPG-PP-2 Describe two or more things women with pre-gestational diabetes can do to manage diabetes after delivery.



- DMCPG-PP-3 Describe two or more things women with gestational diabetes can do to prevent or delay diabetes after delivery.
- DMCPG-PP-4 State two or more benefits of breastfeeding.
- DMCPG-PP-GS State or write a personal plan for diabetes self-care after delivery.

CONTENT

Postpartum care.

MATERIALS NEEDED

Visuals Provided

- #1 *Insulin Needs During Pregnancy*
- #2 *Target Blood Sugar Goals*
- #3 *After Your Baby is Born—Pre-gestational Diabetes*
- #4 *Native Americans and Gestational Diabetes*
- #5 *After Your Baby is Born—Gestational Diabetes*
- #6 *An Easy Guide to Breastfeeding for American Indian and Alaska Native Families*
- #7 *Changes I Can Make*

Additional Resources

- Local resource list
- Message of Hope*
- Birth control methods
- Breastfeeding videos
- Breastfeeding handouts
- Breast pump (actual and/or photos)

METHOD OF PRESENTATION

This session is an opportunity to revisit self-care issues.

Instructors need to review all appropriate *BYLD* sessions (see instructor's notes) prior to presenting this session.

Instructors are encouraged to integrate this session with other birth planning and postpartum education provided in the community.

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 their experiences with this pregnancy. Explain that the purpose of this session is to provide information about postpartum care. Instructors need to tailor the content to the different needs of participants with pre-gestational and gestational diabetes. Instructors need to be familiar with their local facility policies for postpartum care.



Use facilitated group discussion to present material. Encourage participants to share stories and ask questions to facilitate 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.

Be respectful and sensitive to personal choices when discussing content, such as birth control and breastfeeding, in a group setting.

CONTENT OUTLINE

Objective	Content	Instructor’s Notes
<p>DMCPG-PP-1. Identify 2 or more self-care needs after delivery for mothers with pregnancy and diabetes.</p>	<p>After delivery, mothers need to think about their own care needs as well as those of their new babies.</p> <p>Self-care needs may change after delivery for women with pregnancy and diabetes. These changes include:</p> <ul style="list-style-type: none"> • blood sugar checks • blood sugar goals 	<p>Ask, “What are some of the needs you will have after delivery? What are some of your baby’s needs after delivery? What are some ways you can balance your needs and your baby’s needs?” List/discuss responses.</p> <p>Mothers may have a hard time with their own self-care after their babies are born. Assist participants in thinking about the self-care skills learned and practiced during pregnancy and ways they can continue them when they are no longer pregnant.</p> <p>Review the difference between pre-gestational diabetes and gestational diabetes as appropriate. See <i>BB</i>, Session #1: <i>Pregnancy, Diabetes and You</i>.</p> <p>Generally, women need to continue checking their blood sugar at different times each day.</p> <p>Emphasize the importance of talking with their health care provider if blood sugar stays high after delivery.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-PP-1. (continued)</p>	<ul style="list-style-type: none"> • food choices • physical activity • medicine handling feelings and stress 	<p>A registered dietitian can help women make food choices to:</p> <ul style="list-style-type: none"> • reach and stay at their target blood sugar goals • meet nutrition needs during breastfeeding • reach and stay at a healthy weight • lower chance of heart disease <p>Women need to talk with their health care provider about when they can resume their usual physical activity.</p> <p><i>Visual #1: Insulin Needs During Pregnancy</i></p> <p>Right after delivery, the need for insulin may be less because of increased insulin sensitivity for 48-72 hours after delivery. Women may require very little or no insulin during this time.</p> <p>Review symptoms, prevention and treatment of low blood sugar. See <i>BYLD</i>, Session #7: <i>Home Blood Sugar Monitoring</i>.</p> <p>Ask, “What are some of the feelings and stresses you might have after delivery? How have you handled these in the past?” List/discuss responses.</p> <p>Women need to think about social, emotional, family and bonding issues. Caution women about postpartum depression and the need to seek care right away for any symptoms.</p> <p>Some communities offer childcare classes to help mothers learn new skills and/or learn to balance their health needs with those of their new baby. Provide local <i>resource list</i>.</p>



Objective	Content	Instructor’s Notes
DMCPG-PP-1. (continued)	<ul style="list-style-type: none"> • birth control choices • follow-up with the health care provider • other care for mother and baby 	<p>Emphasize the importance of using birth control until ready to become pregnant again.</p> <p>Emphasize the importance of having follow-up appointment dates before they leave the hospital after delivery.</p> <p>Women may also need help with:</p> <ul style="list-style-type: none"> • care of chronic illness, such as high blood pressure • care of infection or other illness • care for newborn jaundice • feeding their infants • other childcare concerns • financial concerns • plans for returning to work <p>Provide local <i>resource list</i>.</p> <p>Make appropriate referrals and appointments.</p>
DMCPG-PP-2. Describe 2 or more things women with pre-gestational diabetes can do to manage diabetes after delivery.	<p>After delivery, women with <u>pre-gestational diabetes</u> need to work with their health care team to choose their target blood sugar goals. Treatment, including self-care, is based on working toward this goal.</p>	<p>Ask, “What are some things you can do to manage your diabetes after delivery?” List/discuss responses.</p> <p>People with diabetes make decisions every day about their care. These decisions affect their blood sugar.</p> <p>Visual #2: <i>Target Blood Sugar Goals</i></p> <p>Review non-pregnant target blood sugar goals and the importance of reaching them to prevent problems from high blood sugar.</p> <p>See <i>BYLD</i>, Session #1: <i>What is Diabetes?</i> for more information on blood sugar goals.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-PP-2. (continued)</p>	<p>Women with type 2 diabetes can reach and stay at their target blood sugar goals after delivery by:</p> <ul style="list-style-type: none"> • checking blood sugar • making healthy food choices • being active • taking medicines (if needed) <ul style="list-style-type: none"> • handling feelings and stress <p>Women with type 2 diabetes can stay healthy by:</p> <ul style="list-style-type: none"> • keeping blood sugar, blood pressure and blood fats at target goal • avoiding other risks, like tobacco and alcohol 	<p>High blood sugar can also make it hard for a woman to breastfeed (decreases milk production) and/or heal after delivery.</p> <p>Visual #3: <i>After Your Baby is Born—Pre-gestational Diabetes</i></p> <p>Women need to check blood sugar often. See <i>BYLD</i>, Session #7: <i>Home Blood Sugar Monitoring</i>.</p> <p>See <i>BYLD</i>, Session #4: <i>Healthy Eating</i>.</p> <p>See <i>BYLD</i>, Session #5: <i>Moving to Stay Healthy</i>.</p> <p>See <i>BYLD</i>, Session #6: <i>Diabetes Medicine</i>. Women who need to continue insulin usually find that their insulin needs return in 2-6 weeks to what they were before pregnancy.</p> <p>There is more chance of low blood sugar in the first few weeks after delivery.</p> <p>Review prevention, symptoms and treatment of low blood sugar. See <i>BYLD</i>, Session #9: <i>Balancing Your Blood Sugar</i>.</p> <p>Review the effect of feelings and stress on diabetes and blood sugar control. See <i>BYLD</i>, Session #2: <i>Diabetes and Mind, Spirit and Emotion</i>.</p> <p>See <i>BYLD</i>, Session #10: <i>Staying Healthy with Diabetes</i>.</p>



Objective	Content	Instructor’s Notes
DMCPG-PP-2. (continued)	<ul style="list-style-type: none"> • making healthy food choices • being active • handling feelings and stress • continuing frequent visits with their health care team • getting needed tests, examinations and immunizations • planning for pregnancy 	<p>Emphasize the importance of women with pre-gestational diabetes resuming their diabetes care.</p> <p>See <i>BYLD</i>, Session #12: <i>Planning for Pregnancy</i>.</p>
DMCPG-PP-3. Describe 2 or more things women with gestational diabetes can do to prevent or delay diabetes after delivery.	<p>A woman with <u>gestational diabetes</u> is more likely to:</p> <ul style="list-style-type: none"> • have gestational diabetes with future pregnancies • develop type 2 diabetes later in life <p>Women with <u>gestational diabetes</u> need to have their blood sugar tested 6-8 weeks after delivery, or shortly after they stop breastfeeding, to know if they no longer have diabetes.</p>	<p>Ask, “What are some things you can do to prevent or delay diabetes?” List/discuss responses.</p> <p>Visual # 4: <i>Native Americans and Gestational Diabetes</i></p> <p>Women with gestational diabetes are more likely to develop type 2 diabetes later in life if they:</p> <ul style="list-style-type: none"> • are overweight • are older than 35 • are inactive • had high fasting blood sugar during pregnancy • were diagnosed with gestational diabetes early in their pregnancy • have polycystic ovary syndrome (PCOS) • have metabolic syndrome <p>PCOS and metabolic syndrome are also associated with heart disease.</p> <p>This is done with a blood test called a 2-hour 75-gram glucose tolerance test (GTT).</p> <p>Emphasize the importance of scheduling this blood test.</p> <p>For women with gestational diabetes, diabetes usually goes away after</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-PP-3. (continued)</p>	<ul style="list-style-type: none"> • <u>If the test shows the woman has diabetes</u>, she needs education (including pre-pregnancy counseling), treatment and follow-up. • <u>If the test shows the woman has pre-diabetes</u>, she needs to have a blood sugar test every year to check for diabetes. 	<p>pregnancy. Most women with gestational diabetes have normal blood sugar shortly after delivery because of decreased insulin resistance.</p> <p>Women with gestational diabetes need to talk with their health care provider about how long to continue checking their blood sugar after delivery. Generally, they are encouraged to continue checking their blood sugar at different times of the day, 2 times a week, for about 6 weeks to check for high blood sugar.</p> <p>Note: It is best to wait until after the woman stops breastfeeding to do the GTT. A false negative GTT result is more likely if a woman is tested while breastfeeding.</p> <p>Review tests and criteria for diagnosis of diabetes. See <i>BYLD</i>, Session #1: <i>What is Diabetes?</i></p> <p>See <i>BYLD</i>, all sessions.</p> <p>The yearly blood test is done at a lab with a 2-hour 75-gram GTT.</p> <p>See <i>BYLD</i>, Session #1: <i>What is Diabetes?</i> for more information on pre-diabetes.</p> <p>Make appropriate referrals to the health care team for education and intervention for prevention of diabetes.</p> <p>Women with pre-diabetes also need to know about prevention of heart disease since pre-diabetes has been associated with a greater chance of heart disease.</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-PP-3. (continued)</p>	<ul style="list-style-type: none"> • <u>If the test shows the woman does not have diabetes or pre-diabetes</u>, she needs to have a blood sugar test every year to check for diabetes. <p>Women with <u>gestational diabetes</u> can do these things to prevent or delay type 2 diabetes later in life:</p> <ul style="list-style-type: none"> • stay at a healthy weight <ul style="list-style-type: none"> • make healthy food choices <ul style="list-style-type: none"> • be active 	<p>Note: Women with gestational diabetes need to have a blood test to check blood fats about 5 months after delivery or after they stop breastfeeding.</p> <p>At the yearly visit the woman can also talk with the health care team about:</p> <ul style="list-style-type: none"> • diabetes prevention • healthy habits (such as tobacco cessation and avoiding alcohol) • plans for future pregnancy (including use of birth control) <p>Visual #5: <i>After Your Baby is Born—Gestational Diabetes</i></p> <p>Being overweight increases a woman’s chance of diabetes more than any other factor. Emphasize the need to stay at a healthy weight to prevent type 2 diabetes. Women need to work with their health care team to choose the weight goal that is healthy for them.</p> <p>Refer participants to a registered dietitian for meal planning.</p> <p>Emphasize the need to be physically active most days to prevent type 2 diabetes. Women need to be active for 30-60 minutes per day most days of the week.</p>
<p>DMCPG-PP-4. State 2 or more benefits of breastfeeding.</p>		<p>Ask, “What are your plans for feeding your baby? Do you have any concerns about it?” List/discuss responses.</p> <p>Visual #6: <i>An Easy Guide to Breastfeeding for AI/AN Families</i></p> <p>Breastfeeding is also called “lactation.”</p>



Objective	Content	Instructor’s Notes
<p>DMCPG-PP-4. (continued)</p>	<p>Benefits of breastfeeding include:</p> <p>For mother:</p> <ul style="list-style-type: none"> • improved blood sugar • improved blood fats • weight loss • possibility for reduced insulin need <p>For baby:</p> <ul style="list-style-type: none"> • ability to better fight infection • ability to stay at a healthy weight • ability to prevent diabetes in the future <p>Other:</p> <ul style="list-style-type: none"> • may be less expensive • may be more convenient <p>Food choices and medicine may need to be changed while breastfeeding.</p>	<p>Recognize that some women choose to not breastfeed. Some of the reasons women may choose to not breastfeed are:</p> <ul style="list-style-type: none"> • lack of information • misinformation • lack of support • work issues • personal preference <p>Refer to local infant feeding resource as appropriate.</p> <p>Studies in Pima Indians showed that breastfeeding for at least 3 months after delivery resulted in babies that were leaner, and had less diabetes and/or a later onset of diabetes, than those who were bottle-fed.</p> <p>The meal plan used during the third trimester of pregnancy is usually appropriate while breastfeeding. Emphasize the importance of talking with a registered dietitian after delivery.</p> <p>Because the safety of diabetes pills while breastfeeding is still being studied, insulin is generally recommended if diabetes medicine is needed. Diabetes pills are sometimes used during breastfeeding. Provide information appropriate for the participants and local facility policy.</p> <p>Women need to review target blood sugar goals with their health care team while breastfeeding.</p>



Objective	Content	Instructor’s Notes
DMCPG-PP-4. (continued)	Women on insulin have more chance of low blood sugar while breastfeeding.	<p>Emphasize the importance of checking blood sugar often and balancing food, activity and diabetes medicine. A decrease in diabetes medicine may be needed to prevent low blood sugar.</p> <p>Provide local <i>resource list</i>.</p> <p>Refer women planning to breastfeed to a lactation specialist or other local breastfeeding resource.</p>
DMCPG-PP-GS. State or write a personal plan for diabetes self-care after delivery.	Making changes in health habits, such as healthy postpartum behaviors, is easier when plans are broken down into small, easy-to-do steps.	<p>Visual #7: <i>Changes I Can Make</i></p> <p>Assist participants in stating or writing one thing they will do for diabetes self-care after delivery.</p> <p>See <i>BYLD</i>, Session #3: <i>Making Healthy Changes</i>.</p>

SKILLS CHECKLIST

Each participant will be able to state or write a personal plan for self-care after delivery.

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 self-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)*.



