

# **Gestational Diabetes Education Plan**

## **Getting Ready to Learn about Gestational Diabetes**

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days.

## **What I Need to Learn About Gestational Diabetes**

By the time I leave the hospital I will be able to tell the staff:

1. What Gestational Diabetes is
2. How and when to check my blood glucose
3. Signs of low blood glucose and what to do
4. How I will count carbohydrates in my diet to help keep myself and my baby healthy
5. What medicines to take to control my gestational diabetes
6. How to follow up with my care and make healthy choices

The staff will use three questions and answers to teach me about Gestational Diabetes:

1. What is my main problem?
2. What do I need to do?

### 3. Why is this important to me and my baby?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about gestational diabetes.

#### **What is my main problem?**

I have gestational diabetes. This means the amount of glucose in my blood is too high. This happens to some women because their bodies cannot make enough insulin to keep the glucose level normal when they are pregnant. Gestational diabetes usually goes away after the baby is born.

It is important to keep my blood glucose within a normal range. The high blood glucose (blood sugar) levels can be harmful to my baby.

- My baby could grow too large.
- My baby could be born early.
- My baby could have low blood glucose at birth.
- Sometimes babies are stillborn.
- I could develop high blood pressure.
- I may be more likely to get an infection.
- I could have a harder delivery and recovery.

I can decrease our risk by doing the following things to control my blood glucose to keep me and my baby healthy.

#### **What do I need to do?**

I will be able to tell the staff how and when I will check my blood glucose.

- I will wash and dry my hands before testing
- I will show the staff how I will test my blood glucose.
- I will test my blood glucose 4-5 times each day.
  - In the morning as soon as I get out of bed
  - One hour after the start of breakfast
  - One hour after the start of lunch
  - One hour after the start of supper
  - At bedtime or in the middle of the night as my doctor instructs me
- I will know what my blood glucose targets are:
  - As soon as I wake up: 60-95 mg/dl

- One hour after the start of meals: Less than 130 mg/dl
- Bedtime: less than 120 mg/dl
- Low blood glucose is less than 60 mg/dl

#### Checking my Blood Glucose Meter

- I will show the staff how and when to check my meter to make sure it is working correctly.
- I will check my meter with the control solutions when opening a new bottle of test strips or when I think the meter is not working

#### Tracking blood glucose

- I will write my blood glucose on the Diabetes Self-Monitoring Record
- I will call the diabetes educator or the doctor's office two times a week to report my blood glucose

I will be able to tell the staff the signs of low blood glucose and what to do.

- I know with low blood glucose I might be feeling:
  - Shaky.
  - Sweaty.
  - Dizzy.
  - Anxious.
  - Hungry.
  - Weak.
  - Irritable.
  - A headache.

#### What to do when I have low blood glucose

- I should check my blood glucose (sugar) right away if I feel these signs.
- I will drink ½ cup of juice or 1 cup of milk.
- I can also use glucose tablets for low blood sugar.
- I should check my blood glucose again after 15 minutes. If it is still low I will treat again.
- If I still show signs of low blood glucose, I will call my doctor.

I will be able to tell the staff how I will count carbohydrates in my diet to help keep myself and my baby healthy.

- I will know which foods have carbohydrates.
- I will count the grams of carbohydrate I eat at each meal and snack.
- I will read food labels.
- I will eat foods from each food group to control my blood glucose. This includes foods high in protein, vegetables, bread or other foods made from grains, dairy products, fats, and fruit to control my blood glucose.
- I will eat three meals and three snacks a day.
- I can limit carbohydrates at breakfast by eating a food high in protein with my carbohydrate.
- I will eat a snack before bedtime that contains fat and a carbohydrate. I will eat my snack so that no more than 10 hours passed until breakfast.
- I will avoid high sugar food (candy, cake, cookies, etc.).
- I will avoid high sugar drinks (pop, soda, energy drinks, fruit juices, etc.)
- I will follow my meal plans

I will be able to tell the staff what medicines I will take to control my gestational diabetes.

- Blood glucose medicine can be either a pill or insulin injections.
- I will take diabetes medicines when I am supposed to take them.
- These medicines will not hurt my baby.
- The medicines will help keep us both healthy.

I will be able to tell the staff how I will follow up with my care and stay healthy during my pregnancy.

- I will keep all my prenatal appointments so the healthcare team can help me control my diabetes

- I will exercise regularly as my doctor tells me
- I will stay at a healthy weight. I will ask my doctor what a healthy weight gain is for me.
- Eat foods that keep my body healthy.

### **Why is this important to me and my baby?**

My blood glucose levels are high. It is important for my baby and me to control the amount of sugar in my blood. High blood glucose can hurt both of us.

As part of my care and to help me understand my gestational diabetes, I have received the Gestational Diabetes Education Plan. I may also receive:

- Gestational Diabetes: When You and Your Baby Need Special Care
- What is Gestational Diabetes? Pamphlet, Bronson
- Diabetes Self Monitoring Record
- Hypoglycemia and Hyperglycemia Treatment for Pregnant Women  
Diabetes

## Gestational Diabetes Education Plan

### Resources for Staff

- [Inpatient Diabetes Education Resource for OB Staff](#)
- [Gestational Diabetes](#)- Nursing Reference Center Plus
- [Gestational Diabetes](#)- Medline Plus

### Teaching Tools (Items given to the patient)

- Gestational Diabetes-When you and Your Baby Need Special Care- Krames booklet
- [What is Gestational Diabetes?](#)
- [Hypoglycemia and Hyperglycemia Treatment for Pregnant Women Diabetes](#)
- [Diabetes Self-Monitoring Record](#)
- [Plan of Action for a Low Blood Sugar](#)

### Content of Teaching: See Education Plan

Always close each teaching session with the question, “What questions do you have for me?”

### References:

- [Gestational Diabetes](#)- Nursing Reference Center Plus
- [Gestational Diabetes](#)- Medline Plus

**Approved by:** Patient Education Council  
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