Gestational Diabetes Crisis Education Curriculum, v. 1.1

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Objective: To increase the knowledge of pregnant women that are diagnosed with Gestational Diabetes about their disease, as well as why and how it must be controlled.

Goals:

1) To show an immediate increase in knowledge through comparison of a pre and post curriculum test taken by the patient.

2) To provide long-term benefits to the patients' health, measured by subsequent analysis of blood glucose levels throughout the remainder of the pregnancy.

Curriculum

What is Gestational Diabetes?

Diabetes is a disease that affects how your body uses sugar. When you eat food, your body automatically turns it into sugar (even if it wasn't a sweet food to begin with). Your body then uses this sugar for fuel, just like a car uses gasoline. In order to use the sugar like this, your body also has to have something called **insulin.** Normally, your body makes all of the insulin it needs to use the sugar, but if for some reason it doesn't, then the sugar that can't be used will just float around in your blood. If you have too much sugar floating around in your blood for too long, then you get sick. This is what diabetes is- too much sugar in your blood, either because you don't have enough insulin or because your body has trouble using its insulin the right way. **Gestational Diabetes** is just a fancy name for a kind of diabetes that some women get when they are pregnant.

Optional: "sugar"=glucose, insulin is a hormone, hyperglycemia v/s hypoglycemia

How did I get it?

When you are pregnant, your body needs even more insulin than normal to use its sugar. You also have a harder time using this insulin because of all the changes your body makes during your pregnancy. No one is exactly sure why some women get Gestational Diabetes and other women don't. We do know that for every 25 women who get pregnant, 1 will end up getting Gestational Diabetes. Your doctor can test to see if you have Gestational Diabetes near the middle of your pregnancy (20-24 weeks).

Optional: Type I v/s Type II diabetes, impaired glucose tolerance, placental hormones, risk factors (family/personal history, obesity, age>35)

How sick could I get?

Gestational Diabetes is very serious, and if you don't do anything about it both you and your baby may get very sick. Here are some of the things that could happen if you don't control it-

1) You could get permanent diabetes. This happens to almost ½ of the women who don't treat their Gestational Diabetes. Having diabetes for the rest of your life makes you much more likely to have a heart attack, stroke, or go blind. Some diabetics even have to have their feet amputated.

2) Premature Labor. This means you baby is born before it has grown inside you long enough to be healthy.

3) Your baby could be much too small or much too large. Babies that are too small often have to stay in the hospital for a long time after they are born, and babies that are too large may need to be delivered by Caesarean Section.

4) Birth defects. Your baby is more likely to be born with birth defects if you don't control your Gestational Diabetes.

5) Stillbirth. This is when your baby dies before your delivery.

Remember, as long as you **control your Gestational Diabetes**, you are no more likely than any other pregnant woman to experience any of these problems.

Optional: 1)Hypertension/Diabetic Nephropathy, 2)Polyhydramnios, 3)Impaired placental blood flow v/s Macrosomia, 4)Cardiac/Spinal Cord, 5)Also infant hypoglycemic crisis immediately post-partum

How can I control my Gestational Diabetes?

You control your Gestational Diabetes by controlling how much sugar is in your blood, but not having enough sugar is just as dangerous as having too much. That's why you need to learn to check your own blood sugar. Once you learn to do that you will always know if your sugar gets to high or too low, and you will be able to fix it. The best ways to control your sugar are by eating right and exercising. Unfortunately, even if you do both of these there is still a good chance you may have to give yourself extra insulin at some time during your pregnancy, and to do that you have to give yourself a small shot. Luckily, most women with Gestational Diabetes don't need this shot after they give birth.

How do I check my blood sugar?

You can easily check your blood sugar by pricking your finger and putting a small drop of blood in a machine. We will show you exactly how to get and use the machine later. Until you get the hang of controlling your blood sugar, you may need to check your sugar before and after you eat for a few weeks. Once you get the hang of it, you will

probably only need to check it 2 or 3 times a day. It is also very important that you keep track of what your blood sugars were and when you measured them. Some machines do this automatically for you.

Optional: If convenient, the DEC's blood glucose monitoring training protocol can be done at this time

How much should I exercise?

Exercise is good because it burns up some of the extra sugar floating around in your blood. But remember, it is dangerous for your blood sugar to get **too** low. That is why the most important thing about exercise is to do the same amount every day at the same time. That way you burn the same amount of sugar each time, and you can change your diet around to make sure that you never get too low. It is also important to remember that you are pregnant and should not overdo it. Ask your doctor what he or she recommends. Many women get the best results from walking 20-30 minutes each day.

Optional: Provide mothers with pamphlets on exercise and diabetes

What should I eat?

Controlling what you eat is the best way to control your blood sugar. Eating exactly the right amounts of the right things can seem a little complicated at first, so it is important to meet with the dietician here at the DEC. Since everybody is different and likes to eat different things, she will help you figure out what the easiest and best way to eat is for you personally to control your sugar. For most people, the best way to figure out what you need to eat is to count your **carbohydrates**. Carbohydrates are in almost anything you eat besides meat and fat, including breads, vegetables, and fruits. You can see how many carbohydrates a food has by reading the label or by checking a small book or handout from the DEC. Most people should have between 200 and 300 carbohydrates each day, and these carbohydrates should be split up between 3 small meals and three small snacks. Meats should be eaten in small portions, and you should avoid eating lots of fried and fatty foods. Candy and fruit juice are pure sugar and should also be limited. Foods with lots of fiber are good for you.

Optional: Any number of handouts/instructions can be given here, and an appointment with the dietician is definitely recommended. A presenter is free to expound upon diet to the degree they feel confident, with the caveat that only so much can be retained from this single visit. The "divided dinner-plate" method may be the most practical and effective tool for some patients.

How do I use insulin?

If your Gestational Diabetes is not completely controlled with diet and exercise, the safest thing to do for both you and your baby may be to take insulin while you are pregnant. If this becomes necessary, the DEC will show you exactly how to give yourself the amount of insulin your doctor recommends.

Optional: Show examples of administration devices, employ the Insulin Administration Crisis Curriculum already in place.

A word about hypoglycemia

Hypoglycemia is when your blood sugar gets too low. This can happen if you accidentally give yourself too much insulin. It can also happen if you give yourself the right amount of insulin but then you don't eat enough or you exercise too much. If your blood sugar gets too low you will start to feel strange. You may get very nervous and irritable, start sweating, feel sick to your stomach, feel a tingling in your fingers and toes, or start slurring your speech. If your sugar gets low enough you will pass out. If you start to feel any of these things, it is important to check your blood sugar immediately. If it is too low, you can drink milk or juice or take a sugar tablet. If you think your sugar might be too low but you can't check it right then, always assume it is. Low blood sugar is more dangerous in the short term to you and your baby than high blood sugar.

Optional: Give patient DEC handout regarding treatment of hypoglycemia during pregnancy

Sometimes things just happen

Even if you do your best to control your Gestational Diabetes, it is possible that you or your baby may still get sick. There is a risk of this happening in every pregnancy, and even though you can reduce this risk it cannot be eliminated completely. Remember that if you control your Gestational Diabetes, then your risk is no greater than that of any other pregnant woman.