

### 3 MEDICAL DISORDERS ASSOCIATED WITH PREGNANCY

#### 3.1 DIABETES IN PREGNANCY

Date Issued: February 2003  
Date Revised: October 2008  
Review Date: October 2011  
Authorised by: OGCCU  
Review Team: OGCCU & Diabetes Service

3.1.3 Diabetes Education  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

#### 3.1.3 DIABETES EDUCATION

##### AIM

To ensure all women with diabetes have access to appropriate comprehensive education programmes, both individual and in the group setting.

##### KEY POINTS

- All women with Gestational Diabetes who are referred to the Diabetes Service shall be offered a gestational diabetes education class as soon as possible after diagnosis.
- All women with pre existing diabetes shall be offered a pregnancy and diabetes education class.
- Diabetes education classes shall be culturally appropriate and adapted to meet individual needs.
- Diabetes and pregnancy education classes shall be facilitated by the diabetes midwife and dietician

##### EDUCATION SESSIONS

Education sessions facilitated by a diabetes midwife and dietician are conducted routinely three times a week. Extra sessions can be arranged as negotiated.

<b>Preconception sessions</b>	Tuesday 1.30pm or as negotiated	<b>By appointment only via Diabetes Midwife on: Ph (08) 9340 2163 Fax (08) 9340 2164</b>
<b>GDM classes</b>	Monday 9.30am Thursday 1.30pm	
<b>Type1 / Type 2 Diabetes</b>	Tuesday 1.30pm	
<b>Diabetes in pregnancy clinic</b>	Wednesday 8.30am to 11am	
<b>Diabetes in pregnancy clinic</b>	Tuesday 8.30-11.00am	

\*All women are contacted and invited to attend a Diabetes & Pregnancy Class prior to attending the Pregnancy & Diabetes Clinic



## GESTATIONAL DIABETES

### CLASS CONTENT

*As classes are adapted to suit individuals- the content may vary.*

- What is diabetes?
- Basic physiology - the role of food and insulin.
- The effects of diabetes on pregnancy.
- The effects of pregnancy on diabetes.
- The role of healthy eating in blood glucose control. <sup>1</sup>
- The role of exercise in blood glucose control.
- Breastfeeding and GDM.
- Lifestyle changes.
- Postnatal issues.
- Future risk of diabetes.
- Advice regarding planning future pregnancy and contraception.
- Dealing with the psychological/ psychosocial aspects of coping with diabetes.
- Providing women access to equipment and supplies to effectively manage their diabetes.
- Self-monitoring blood glucose. <sup>1</sup>(if required).
- Self-insulin administration and insulin adjustment (if required).

## TYPE 1 DIABETES

### CLASS CONTENT

*Education includes aspects of the following as appropriate:<sup>2</sup>*

- What is diabetes? The types of diabetes
- Basic physiology - the role of food and insulin.
- Insulin requirements in each trimester <sup>3</sup>
- The effects of diabetes on pregnancy <sup>4-6</sup>
- The effects of pregnancy on diabetes
- The role of healthy eating in blood glucose control <sup>7</sup>
- The role of exercise in blood glucose control
- Self monitoring blood glucose / equipment check
- Self insulin administration and insulin adjustment / equipment check <sup>3</sup>
- Breast feeding & hypoglycaemia – insulin adjustment
- Lifestyle changes
- Postnatal issues
- Future risk of diabetes
- Long and short term complications of diabetes.
- Advice regarding planning future pregnancy and contraception



- Dealing with the psychological/ psychosocial aspects of coping with diabetes
- Providing women access to equipment and supplies to effectively manage their diabetes

#### REFERENCE:

1. Bell DS. 2001. Importance of postprandial glucose control. **Southern Medical Journal** 94:8:804-809.
2. Lagstrom J, Griffiths R. 2000. International consensus statements for diabetes education. **Diabetes in Pregnancy, Gestational Diabetes and Prepregnancy Counselling**:87-96.
3. Jovanovic L, Knopp R, Brown Z, et al. 2001. Declining Insulin Requirement in the Late First Trimester of Diabetic Pregnancy. **Diabetes Care** 24:1130-1136. (Level IV).
4. Langer O, Conway DL. 2000. Level of Glycemia and Perinatal Outcome in Pregestational Diabetes. **Journal of Maternal-Fetal Medicine** 9:35-41.
5. McElvy SS, Miodovnick M, Rosenn B, et al. 2000. A focused preconceptional and early pregnancy program in women with type 1 diabetes reduces perinatal mortality and malformation rates to general population levels. **The Journal of Maternal-Fetal Medicine** 9:14-20. (Level III-13).
6. Suhonen L, Viilesmaa V, Teramo K. 2000. Glycaemic control during early pregnancy and fetal malformations in women with Type 1 diabetes mellitus. **Diabetologia** 43:79-82. (Level III-72).
7. Murphy M, Whiteman D, Stone D, et al. 2000. Dietary folate and the prevalence of neural tube defects in the British Isles: the past two decades. **British Journal of Obstetrics and Gynaecology** 107:885-889. (Level III-882).