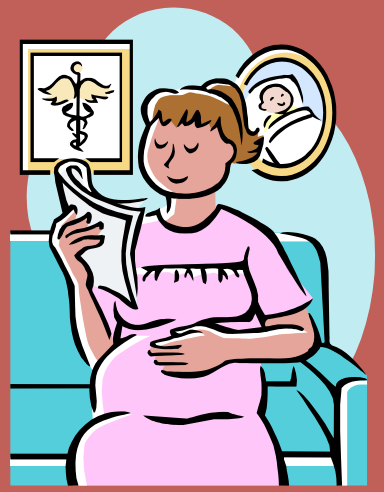
Diabetes Screening during Pregnancy



Ramona Joseph, RN, CNM, MPH
Bridget Dickinson, RN, CDE
Lisa Griefer, RD, CDE

Objectives

- Describe the referral process for the patient with GDM at the Phoenix Indian Medical Center
- Describe the communication process between the patient and the diabetes treatment team
- Describe the system's protocols in identifying GDM in the pregnant woman and the management of the GDM caseload

Predisposing Risk Factors:

- History of adverse pregnancy outcome usually associated with DM—(unexplained prior stillbirth or anomalies, >3 SABs)
- History of shoulder dystocia
- Marked obesity (BMI>30)
- Diabetes in 1st degree relative
- Previous baby > 9 lbs
- Previous GDM
- Greater than 2 yeast infections in past year
- Glucosuria

Early Diabetes Screening at the Initial Visit

- Patients with no risk factors—screen @ 24-28 weeks
- Patients with any predisposing factors are screened at their first visit with the 1° glucola. (50 grams)
- 1° result should be < 140 mg/dl—rescreen at 24-28 weeks
- If 140-199 mg/dl, then patient will receive 3° glucola (100 grams)
- If 200 mg/dl or >, consult with OB on call.

Diabetes Screening in Pregnancy, cont.

- 3° hour glucola normal values—
  - Fasting < 105 mg/dl
  - 1° < 190 mg/dl
  - 2° < 165 mg/dl
  - 3° < 145 mg/dl
  - If two elevations, diagnosis of GDM is made.

Education and Referral Process

- Patient Information Handout is given.
- Diabetes Educator is notified.
- Registered Dietician is notified.
- Patient is seen weekly until good control is determined.

Definitions

- Good Control
  - Fasting < 95
  - 1° hour postprandial <130
- Fair Control
  - Few elevations
  - Patient can relate elevations to high intake
  - None >180
- Poor Control
  - Admits to not following diet
    - Not doing accuchecks most of time
    - Does not bring machine or records to clinic repeatedly
    - Follows diet, does accuchecks, still having many elevations

DM Educator Role

- Referral is received via:
  - Phone
  - On-Call Pager
  - Email
  - OB High Risk Rounds
- Once referral is received, RD services are also contacted & appointments are scheduled with patient

Meeting With The Patient

- Explain GDM to patient
- Rationale for good blood glucose control during pregnancy
- Provide meter with instruction on use and require return demonstration
- Discuss importance of follow-up postpartum with 2 hr gtt
- Discuss benefits of breastfeeding for newborn

Follow-Up

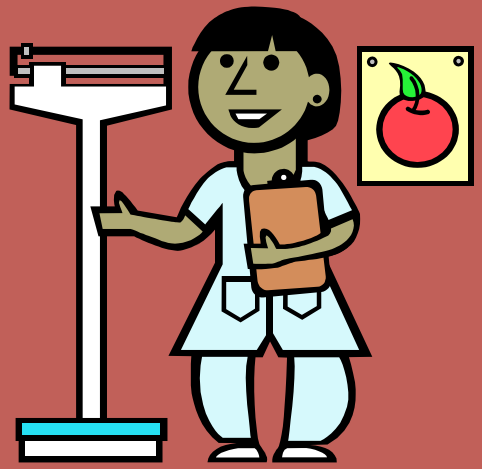
- Follow-up is made in 1-2 weeks or prn individual patient needs, then monthly
- After delivery
  - Provide information sheet re: F/U for GDM
  - Send letters & make phone calls to get f/u with DM educator and 2 hr gtt
  - Encourage F/U with RD
  - Encourage Diabetes Prevention Class
  - If diagnosis of DM is made, then refer to PCP and continue DM education

Long-Term Follow-Up

- Goal
  - 2 hour gtt postpartum, if normal then
    - Annual blood sugar testing performed at annual pap smear visit

      and
    - Follow-up for signs/symptoms of DM
  - If the diagnosis of DM is made
    - Referrals are made to PCP, RD, & DM educator for necessary follow-up

RD Role

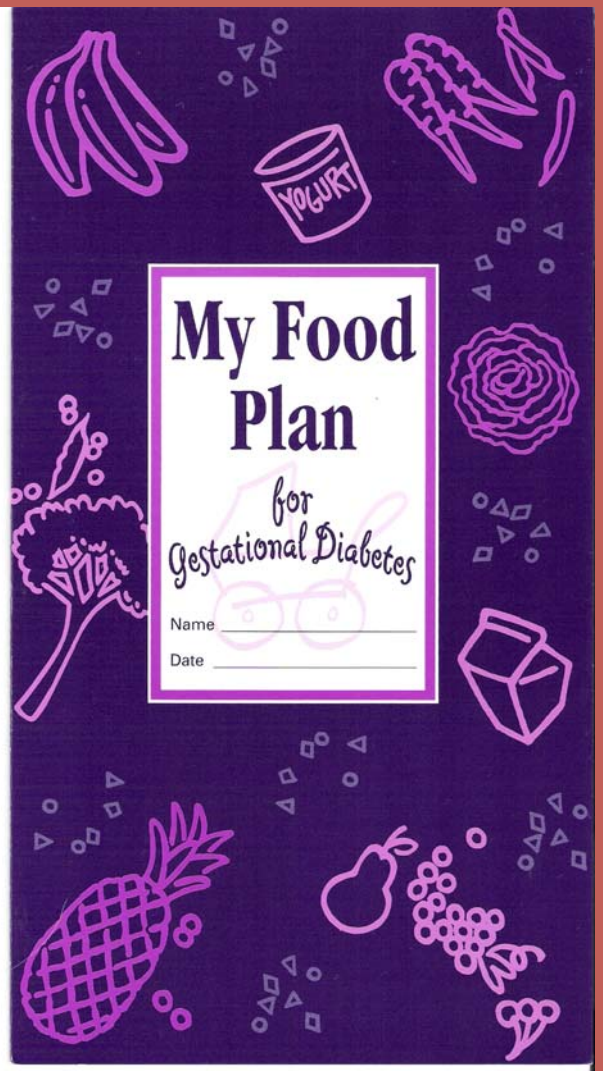


- Referral received via:
  - Phone
  - Walk-in
  - Pager
  - High risk OB rounds
  - Nutrition counseling/education and follow-up appointment
  - Participate in monthly GDM workgroup meetings

Taking Care of Gestational Diabetes

International Diabetes Center

Park Nicollet


YOGURT
My Food Plan
for
Gestational Diabetes
Name
Date

Ordering Patient Education Materials for GDM

- Park Nicollet Institute

  1-888-825-6315

Benefits of Diabetes Education And Nutrition Counseling

- Have a healthy baby
- Avoid gaining too much weight
- Avoid Complications during your delivery
- Blood sugar control
- Protect you & your child's future
- Possibly prevent diabetes in the next generation

It is important that you see both the Diabetes Educator (DCOE) and the Nutritionist.

Congratulations

On Your Pregnancy!!

Indian Health Service National Diabetes Program

Beautiful Beginnings: Pregnancy and Diabetes

Department of Health
and Human Services
Public Health Service
Indian Health Service

Our Contact Information

- Ramona Joseph, CNM
  - ramona.joseph@ihs.gov
- Bridget Dickinson, RN, CDE
  - bridget.dickinson@ihs.gov
- Lisa Griefer, RD, CDE
  - lisa.griefer@ihs.gov