

TEACHING PLAN FOR:Diabetes: Antepartum

**PURPOSE:**To delineate the educational needs and self care needs of a patient with diabetes in pregnancy.

**SUPPORTIVE DATA:**During pregnancy, the body undergoes many changes. The placenta produces hormones which cause a disruption in insulin production, and an increase production of glucose by the liver. As a result, the pregnant woman's need for insulin increases. When there is not enough insulin or the insulin is not used efficiently, high blood sugar levels result, causing the diagnosis of gestational diabetes. When the insulin dependent diabetic is pregnant, her insulin needs must be carefully monitored and managed throughout the pregnancy as well.

**DESIRED**

- PATIENT OUTCOMES:**
- 1.Patient will demonstrate and/or verbalize understanding of the self care measures necessary for control of her diabetes during pregnancy.
  - 2.In collaboration with the health care team, patient will maintain diabetic control throughout the pregnancy in order to facilitate optimal maternal/fetal outcome.

**ASSOCIATED**

**STANDARDS:**OB-GYN/MFICU:

Diabetic Educational Training Packet

OB-GYN/MFICU Unit Practice Manual:

Protocol for: Diabetic Antepartum: Care of the Patient  
Diabetes (Insulin Dependent): Care of the Post-Partum

- ASSESSMENT:**
- 1.Assess patient's previous exposure to diabetes and present knowledge of the disease.
  - 2.Assess patient's ability to understand instructions, i.e. language barrier, disabling mental/emotional capacity.
  - 3.Assess patient's physical ability to perform self-care activities (i.e. dietary selections, medication preparation, self-injection, etc.).

**GENERAL NURSING**

**CARE:**1.Distribute and review Diabetic Educational Training Packet.

- 2.Facilitate/coordinate interdisciplinary team plan (dietary consult, Social Service, etc.).

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3. Instruct patient in a quiet environment.
4. Instruct patient using lay terms.
5. Reinforce verbal instructions using pamphlets and handouts.
6. Have patient demonstrate activities taught and/or verbalize understanding of instructions given (i.e., diet exchanges, serum glucose monitoring, drawing-up and injecting insulin, site rotation, etc.).
7. Implement appropriate prenatal teaching plan.
8. Provide anticipatory guidance for discharge needs and plan for outpatient glucose monitoring.

PATIENT

EDUCATION: The nurse is responsible for identifying the educational needs of the patient with diabetes, and teaching basic self-care measures that assist in maintaining necessary control of her diabetes. Include the following information when educating the patient.

1. Discuss the inter-relationship between pregnancy and diabetes (see "What is Gestational Diabetes" or "Pregnancy Changes" in Educational Packet).
2. Discuss what effects hyper/hypo glycemia can have on the baby. Encourage and support maternal-fetal attachment by discussing patient feelings and fears (see "Your Baby" in Educational Packet).
3. The diagnosis of gestational diabetes and the monitoring of glucose levels in the pregnant diabetic patient are determined by routine blood test and various diagnostic procedures. Using the Educational Packet, explain the necessity for and procedures involved in the following:
  - a. Maternal Testing (refer to "Lab Tests" in Educational Packet):
    - 1) 1 hour Glucose test
    - 2) 3 hour Glucose test
    - 3) Hemoglobin - AC
    - 4) 24 hour urine
    - 5) Ophthalmology consult
    - 6) EKG
    - 7) Kidney function testing

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b.Fetal Testing (refer to "Fetal Assessment" in Educational Packet):

- 1)Ultrasound
- 2)NST
- 3)Amniocentesis

- 4.Dietary Consult: Discuss balanced meal planning and reinforce its importance in the control of blood sugar levels while providing adequate nutrition for patient and baby. See "Nutrition" in Diabetic Educational Packet.
- 5.Discuss signs and symptoms of hypo/hyperglycemia and preventative measures and treatments (see "Hypo/Hyper Glycemia Sections" and "Glucagon" in Educational Packet).
- 6.Discuss and review with patient the various methods available for glucose monitoring. Review with the patient her current means of monitoring serum glucose levels. See "Glucose Meters" in Diabetic Educational Packet.
- 7.Blood Glucose Levels: One of the most important goals in managing diabetes while pregnant is to keep blood sugar levels as close to normal range as possible. Review with the patient:
  - a.Scheduled testing times
  - b.FBS - ideally should be 60-90
  - c.Sugars prior to meals - ideally 60-105
  - d.Sugars after meals - ideally less than 120
- 8.discuss with the patient the effects of stress and/or exercise on diabetic control. See Educational Packet.
- 9.Many insulin dependent diabetics develop problems with their feet. Decreased circulation can result in decreased feeling in the feet. It is important for the diabetic to take proper care of the feet and toe nails. Using the Educational Packet as a reference, discuss with the patient:
  - a.Skin care
  - b.Proper cutting and maintenance of toe nails
  - c.Circulatory complications related to diabetes

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10. Maternal Complications: The diabetic patient is at increased risk for developing certain complications during pregnancy due to her diabetes. Using the Educational Packet as a reference, discuss the following:
  - a. Pregnancy Induced Hypertension (PIH)
  - b. Urinary Tract Infections (UTIs)
  - c. Polyhydramnios
  - d. Vaginitis
11. Insulin: When an insulin dependent diabetic patient becomes pregnant, her insulin needs may require adjustment. Using the Educational Packet as a reference, review the following:
  - a. Insulin types
  - b. Drawing up and injecting insulin
  - c. Rotation of sites
  - d. Storage of insulin
  - e. Medical Alert Bracelet
  - f. Travel considerations
12. Intrapartal Care: discuss with the patient pre-delivery instructions in regard to her diabetes. Educate the patient regarding amniocentesis and the possibility of induction of labor. See "Intrapartal Care" in Educational Packet.
13. Postpartum Care: For the gestational diabetic, glucose levels generally return to normal after a delivery and diet regulation is no longer needed. For the insulin dependent diabetic, insulin may not be required for the first 24-48 hours following delivery. The patient's insulin requirement will then be adjusted based upon the patient's needs. Using the Educational Packet as a reference, include the following, when instructing the post-partum patient:
  - a. Contraception

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- b.Preconceptual counselling
- c.Sexuality
- d.Breastfeeding considerations

REPORTABLE

CONDITIONS:1.Language barrier or inability to comprehend instruction.

2.Patient physically unable to perform tasks.

3.Blood glucose levels which exceed MD parameters.

4.Noncompliance with dietary regimen and or insulin doses.

5.Hyper/hypoglycemic symptomatology.

6.Patient unwilling to report and/or perform directions given.

DOCUMENTATION:1.Initiate Standard Care Plan and Database on Admission.

2.Initiate Diabetic Educational Needs Flowsheet.

3.Document patient response to instructions given as per Documentation Standards, Department of Nursing.

APPROVAL:Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 3/91

REVISION DATES:10/91, 9/94

REVIEWED DATES:9/08

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