

# **WIC says:**

## **Let's Talk About Controlling Blood Sugar**

### **Gestational Diabetes (GDM) (Class 3)**

**(This class is designed for client with the diagnosis of GDM or  
Type 2 Diabetes)**

#### **Objective:**

Participants will understand what gestational diabetes is and understand basic guidelines of meal planning and exercise for maintaining good blood glucose control.

#### **Method:**

Involve participants in a facilitated group discussion to gain information on the risks associated with gestational diabetes and how to improve perinatal outcomes through diet and exercise.

#### **Materials Needed:**

Educational tools: Plate method, Food models

Handouts: "Walk to Success", "Carbohydrate Foods"

#### **Introduction:**

- Introduce yourself and class session
- Have you ever known someone with diabetes?
- What is diabetes?
- What is the difference between Type 1, Type 2 diabetes and gestational diabetes?
- What do you know about gestational diabetes?
- What are the risks for you and your baby when you have gestational diabetes?
- What can you do about gestational diabetes (diet, activity, weight control)?
- What is the blood glucose goal for fasting (nothing in stomach for 8 hours) and after meals?

#### **Discussion:**

A. Let's discuss what diabetes is and the types of diabetes.

--What is diabetes?

--What is Type 1 diabetes and Type 2 diabetes?

--What is gestational diabetes (GDM)?

**Diabetes. There are several kinds of diabetes. All have one thing in common; higher than normal levels of blood glucose. Glucose is a sugar that your body produces from digested food. In order for your body to use glucose properly, a hormone called insulin, which is produced by the pancreas, is necessary. Insulin transports glucose from your bloodstream into your body's cells where it can be burned or stored for energy. A person may make no insulin, some insulin or has insulin that doesn't work (insulin resistance).**

Type 1 diabetes (absolute insulin deficiency)

- This form of diabetes accounts for 5-10% of those with diabetes
  - Develops most often in children and young adults
  - The insulin producing cells in the pancreas make no insulin
  - Must take insulin daily to survive

Type 2 diabetes (insulin resistance/insulin deficiency)

- This form of diabetes accounts for 90-95% of those with diabetes
  - Develops most often in older adults although can be diagnosed in children and adolescents
  - The pancreas produces enough insulin but the body is unable to use the insulin effectively (known as insulin resistance)

B. Let's discuss what you know about gestational diabetes.

--What is gestational diabetes?

--What occurs in the body during pregnancy that causes high blood sugar (glucose)?

- Glucose intolerance that occurs for the first time in pregnancy
- Increase in insulin resistance due to increase in production of pregnancy hormones by the placenta
- The pancreas becomes unable to meet the increasing insulin demand resulting in an increase in the blood sugar (hyperglycemia)
- Good news. 90% of women with GDM will return to having normal sugars after delivery.
- Not so good news. 50% of women with GDM will eventually become diabetic (Type 2) within 5-10 years. Keep 6 wk postpartum appointment

C. Let's discuss the risks for you and your baby when blood sugars are poorly controlled.

--What have you heard or what do you know about the risks associated with GDM?

-- The risks are:

Mother

High Blood Pressure  
 Pre-eclampsia  
 Cesarean section  
 3rd degree tears  
 Development of diabetes later in life

Baby

Premature birth  
 Weight of 9 pounds or more  
 Low blood sugar after delivery  
 Shoulder dystocia  
 Development of diabetes later in life

D. Let's discuss what you can do about controlling your blood sugars.

- What is an appropriate weight gain during pregnancy?
- What are some ways you can adjust your diet to help control your blood sugars?
- What foods raise your blood sugar and what foods do not?
- What is a carbohydrate and what is the typical portion size?
- What are some ways you can be active to help control your blood sugars?

- Appropriate weight gain
  - Weight gain is needed to support healthy growth of your baby
  - Too much or too little weight gain may cause health problems for you or your baby
  - How much weight you gain during pregnancy will depend on your pre-pregnancy weight.

**Weight gain recommendations (IOM)**

Underweight	28-40 pounds
Normal weight	25-35 pounds
Overweight	15-25 pounds
Very overweight	11-20 pounds
<b>*1/2-1pound per week</b>	<b>2nd and 3<sup>rd</sup> trimester</b>

## General Nutrition Guidelines

- Make healthy food choices
  - Eat smaller more frequent meals
    - Eating 3-smaller meals and 2-3 healthy snacks each day can help control your blood sugar
  - Do not skip meals
  - Choose foods low in simple sugar
    - Avoid foods/drinks sweetened with sugar or honey
    - Do not drink fruit juice, eat more fresh fruits
    - Liquid foods are absorbed quickly. Caution with milk! May need to select other sources of calcium.
    - Sugar substitutes that are ok are Splenda or Equal. No saccharine.
    - Continue to limit caffeinated beverages
  - Choose foods high in fiber
    - Limit white flour products and processed foods
    - High fiber foods can help control your blood sugar
    - Choose whole grains breads/cereals, dried beans and fresh fruits and vegetables
  - Limit fast foods
    - Limit breaded and deep fried foods such as fried chicken, fish sticks and french fries
    - Choose grilled or baked foods
    - Avoid sweet sauces such as catsup and relish (mustard and mayonnaise are ok)
  - Eat small portions of complex carbohydrate foods
    - Complex carbohydrate is found in starchy foods, fruit and milk
    - Carbohydrates is changed into glucose in the body and is necessary to provide energy and essential vitamins and minerals
    - The portion size of a carbohydrate food is approximately ½ cup or 15 grams of carbohydrate
    - Demonstrate plate method and what a typical meal might look like
    - Nutrition label tips.

<i>Foods that raise blood sugar</i>			<i>Foods that raise blood sugar less</i>		
<b>Starch</b>	<b>Fruit</b>	<b>Dairy</b>	<b>Protein</b>	<b>Veggies</b>	<b>Fat</b>
Cereal Bread Tortillas Rice Pasta Pinto beans	Fresh Frozen  Canned- unsweet- ened.	Milk Yogurt	Meat Eggs Cheese Fish Nuts Jerky Peanut butter Cottage cheese	Lettuce Tomatoes Cucumber Peppers Carrots Chile Broccoli Green beans Celery	Oil Butter Margarine Mayo Cream Sour cream Avocado
STARCHY VEGGIES Potatoes Peas Corn	<b>No juices</b>	<b>No flavored milk</b>			

### **Activity: Demonstration of the Plate Method**

Tools: My Plate Planner; Food Models

- ✓ Fill ½ of your plate with vegetables such as broccoli, carrots, green beans and salad.
- ✓ Fill ¼ of your plate with lean meat, chicken or fish: this is about 3 ounces.
- ✓ Fill ¼ of your plate with a starchy choice such as ½ cup mashed potatoes, corn, peas, pinto beans, pasta, rice, or a slice of bread/small tortilla.
- ✓ Add 1 small serving of fruit
- ✓ Choose 1 serving milk/yogurt. If 8oz. of milk increases blood sugars above normal, decrease serving size to 4 oz. or select other sources of calcium (i.e. cheese, light yogurt)

## Meal plan for pregnancy

Breakfast-limit carbohydrate to 1-2 choices

Lunch -limit carbohydrate to 3-4 choices

Dinner -limit carbohydrate to 3-4 choices

Snacks -3 per day. (Mid-morning, mid-afternoon, bedtime)  
Snacks are 1-2 carbohydrates

E. Let's discuss staying active

### **First, check with your physician before starting any exercise program**

- Exercise helps the body use blood sugar
- Walking for 15 minutes after each meal will help lower blood sugars
- Avoid exercise in hot or humid weather
- Always drink plenty of water when you exercise
- For additional information provide "Walk to success" handout

F. Let's discuss your blood glucose target

-- What blood sugar goal did your provider recommend for your fasting blood glucose (8 hours without food) and after meals?

- Fasting glucose goal is <95mg/dl
- One hour after meals <130mg/dl or a two hour < 120 mg/dl
- Postpartum: reevaluate blood glucose status at 6 weeks postpartum
- 12% of women will continue to have diabetes(Type 2)
- Check blood sugars one year after delivery; then every three years

## **Summary:**

What are some things that you can do to help control your blood sugar?

°Avoid high sugar foods, increase activity, control weight gain.

Why should you have your blood sugars tested at your postpartum checkup?

°To determine if you have Type 2 diabetes and to establish care for follow-up.

## **Affirmations:**

Remember to affirm all clients for participating and sharing their ideas.

## **What You Need to Know**

### **Myths:**

- You get gestational diabetes from eating too much sugar
- Women with gestational diabetes should limit their physical activity
- Everyone with gestational diabetes needs to take medication or insulin injections to control their blood sugars

### **Truths:**

- Insulin is the hormone responsible for helping to convert blood sugar (glucose) into energy. As pregnancy progresses the hormones produced by the placenta make it harder for insulin to help the glucose get into your cells where it is needed. This causes the glucose in your bloodstream to rise to abnormal levels.
- Exercise such as walking helps the body use blood sugar
- Not all women diagnosed with gestational diabetes will need to take medication/insulin. It often can be controlled with diet and exercise alone. However sometimes a combination of diet, exercise and medication and/or insulin is needed.