

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

History of diagnosed gestational diabetes mellitus

Presence of gestational diabetes diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

ASK ABOUT:

- Pregnant Women:
 - Access to prenatal care
 - Prepregnancy BMI and weight gain pattern
 - Understanding of weight gain recommendations for pregnancy
 - Supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
 - Typical eating pattern including alcohol consumption
 - Physical activity pattern
 - Chronic medical conditions or disorders

- All Postpartum Women:
 - Current blood sugar control issues
 - Access to follow-up medical care
 - Pregnancy outcome
 - Pregnancy weight gain
 - Prepregnancy BMI and current BMI
 - Typical eating pattern including alcohol consumption
 - Physical activity pattern
 - Chronic medical conditions or disorders

NUTRITION COUNSELING/EDUCATION TOPICS:

- For All Women:
 - Approximately 30-50% of women with a history of gestational diabetes will develop gestational diabetes in subsequent pregnancies. Risk factors for subsequent gestational diabetes include:
 - Insulin use during the pregnancy when gestational diabetes was diagnosed
 - Obesity
 - Diet composition (total carbohydrate, distribution of carbohydrate over meals and snacks, and type of carbohydrate)
 - Physical inactivity
 - Failure to maintain a healthy BMI and weight gain between pregnancies
 - If a woman's lipid levels are elevated, a history of gestational diabetes is also a risk factor for cardiovascular heart disease.
 - Infants born of diabetic women are at increased risk of macrosomia, congenital abnormalities, hypoglycemia and neonatal death.
 - Women with a history of gestational diabetes are 40-60% more likely to develop diabetes within 15-20 years, usually type 2. This risk is greatest in women with gestational diabetes who are diagnosed early in the pregnancy, exhibit the highest rates of hyperglycemia during pregnancy and are obese.

- For Pregnant Women:
 - Reinforce any medical nutrition therapy and other diet instructions from participant's primary care provider and clinical dietitian.
 - Discuss how to make the best food choices using her WIC checks related to her diet prescription.
 - Suggest moderate daily physical activity (e.g., daily walks) with her physician's approval.
 - Emphasize the importance of keeping prenatal appointments. All pregnant women are screened for gestational diabetes, typically between 24th and 28th weeks of gestation.
 - Review pregnancy weight gain goal and weight gain pattern.
 - Review the basics of a healthy pregnancy diet based on MyPyramid. Make appropriate suggestions such as:
 - Eat regularly-spaced meals and snacks throughout the day (don't skip meals).
 - Avoid high-sugar foods (e.g., soft drinks, fruit drinks, candy).
 - Eat a well-balanced diet with plenty of high fiber foods.

- For Breastfeeding and Delivered Women:
 - Even a short duration of breastfeeding results in long-term improvements in glucose metabolism even after adjustments for maternal age, BMI and use of insulin in pregnancy. Breastfeeding may also reduce the risk of type 2 diabetes for children born to women who had gestational diabetes.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Review postpartum weight retention and discuss the importance of attaining a healthy weight. Higher BMI and weight gain between pregnancies increases the risk for recurrence in subsequent pregnancies.
 - Encourage her to reach her prepregnancy weight by 6-12 months postpartum.
 - If still overweight at 6-12 months postpartum, encourage her to lose at least 5-7% of her body weight slowly, over time and to keep it off.
- Review the basics of a healthy diet based on MyPyramid. Make appropriate suggestions such as:
 - Eat regularly-spaced meals and snacks throughout the day (don't skip meals).
 - Avoid high-sugar foods (e.g., soft drinks, fruit drinks, candy).
 - Eat a well-balanced diet with plenty of high fiber foods.
- Being physically active will also lower her diabetes risk. Exercise has a beneficial effect on insulin action by enhancing peripheral tissue glucose uptake.
- Advise women with a history of gestational diabetes but without an immediate postpartum diagnosis of diabetes mellitus to discuss the following with their primary care provider:
 - The importance of a glucose tolerance test at 6-12 weeks postpartum
 - Obtaining a prepregnancy consult before the next pregnancy
 - Requesting early glucose screening in the next pregnancy

POSSIBLE REFERRALS:

- If she does not have access to follow-up medical care, refer her to a health care provider, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) (if pregnant), or the local public health department.
- If she has concerns or questions about her treatment plan, refer her to her primary care provider and/or the dietitian that initially provided counseling.