



**Gestational Diabetes**  
**A NUTRITION IN-SERVICE FOR STAFF**

Out of every 100 pregnant women in the U.S.,  
two to ten will have gestational diabetes.

~ Centers for Disease Control and Prevention

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON



Washington State WIC  
Nutrition Program



DOH 960-071 September 2015

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## A lesson on Gestational Diabetes and strategies for management to ensure a healthy pregnancy outcome.

- Who:** Participants: WIC Staff, range of 2-15 participants with a varying degree of maternal, infant and child nutrition knowledge and WIC experience.  
Leader: WIC RD/Nutritionist
- Why:** WIC staff frequently work with women who have gestational diabetes. By better understanding diabetes and effective management, WIC staff can support clients in achieving a healthy pregnancy outcome.
- When:** A monthly in-service that is designed to be 30 to 60 minutes - depending on the discussion and the number of staff attending.
- Where:** The session was designed for a WIC classroom, meeting room or large office depending on the size of the group.
- What:** By the end of this session staff will have:
- Explored risk factors for gestational diabetes.
  - Identified what gestational diabetes is and what it means for pregnancy.
  - Reviewed potential concerns related to gestational diabetes.
  - Discussed recommendations for gestational diabetes support.
  - Developed open ended questions to explore what clients know about their gestational diabetes diagnosis and WIC's role.

**Materials** Flip chart or white board, markers, paper and pens for participants

**Needed:** Copies of:

- In-service *Participant Copy*
- In-service *Feedback Form*
- *gestational diabetes –my pregnancy, my baby, and me* – DOH publication 960-1058 August 2015

**Background** Please review before leading group:

**Reading for Leaders:** • [Washington State WIC Manual, Volume 1, Chapter 14 – Nutrition Risk](#)

Criteria: Section 3 Nutrition Risk Definitions and Justifications “Gestational Diabetes” and “Gestational Diabetes (Hx)”

For Further review and consult:

- [Gestational Diabetes: A Guide for Pregnant Women](#) – ARHQ Pub. No. 09-EHC014-A
- [Colorado Department of Public Health and Environment](#) – information about and resources for gestational diabetes; including portion size cards and other tools, provided in both English and Spanish

- How:**
- Schedule in-service.
  - Review background information.
  - Review in-service *Leader Copy* (*italicized print indicates leader speaking*).
  - Prepare materials needed.
  - Have fun!

**Introduction / Warm-Up****5 minutes**

*Welcome! I will be the leader for this month's nutrition training. I encourage all of you to participate. Together we can explore our topic and discover strategies to support our WIC clients.*

*By the end of this session you will have:*

- *Explored risk factors for gestational diabetes.*
- *Identified what gestational diabetes is and what it means for pregnancy.*
- *Reviewed potential concerns related to gestational diabetes.*
- *Identified simple tips for women diagnosed with gestational diabetes.*
- *Developed open ended questions to see what clients know about their gestational diabetes diagnosis and how WIC can help.*

**Gestational Diabetes**

*Who gets gestational diabetes?*

*About 2-10 out of 100 pregnant women have gestational diabetes.*

*There are risk factors increasing a woman's odds of getting gestational diabetes. As I read the following risk factors give me a thumbs up if you believe it is a real risk factor OR a thumbs down if you don't think it is a risk factor.*

- Women who are overweight*
- Women with family members who have had gestational diabetes*
- Women with family members who have type 2 diabetes*
- African American, American Indian and Hispanic/Latina American women*
- Women older than 35*
- Women with a history of having a large baby (over 8lbs 13oz)*
- Women with or with a history of Polycystic Ovarian Syndrome*

Thumbs up for all statements –all statements are true.

**Part 1****5 minutes****What is Gestational Diabetes and Why Does It Matter?**

**Optional:** Show the You Tube video from the American Diabetes Association:

[Diabetes During Pregnancy: What is Gestational Diabetes?](#)

*Pregnant women who've never had diabetes before but who have high blood glucose (sugar) levels during pregnancy are diagnosed with gestational diabetes.*

*Who would like to read the following about gestational diabetes?*

*We don't know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop but also block the action of the mother's insulin in her body. This problem is called insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin. She may need up to three times as much insulin.*

*Gestational diabetes starts when the body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood so it builds up to high levels called hyperglycemia.*

From American Diabetes Association, [www.diabetes.org](http://www.diabetes.org)

*What did you hear that you didn't know before about gestational diabetes?*

*Now that we've talked about what gestational diabetes is, let's look at why it matters. Who will read the next section?*

*Gestational diabetes affects mothers in late pregnancy, after the baby's body forms, but while the baby is busy growing. Gestational diabetes doesn't cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.*

*Gestational diabetes can hurt the baby. Mom's insulin doesn't cross the placenta, while glucose and other nutrients do. The pancreas works overtime to produce insulin, but the insulin doesn't lower blood glucose levels. Extra blood glucose goes through the placenta, giving the baby high blood glucose levels. The baby's pancreas makes extra insulin to get rid of the blood glucose. Since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.*

*This can lead to macrosomia, or "large" babies. Babies with macrosomia face health problems, including damage to their shoulders during birth. The extra insulin made by the baby's pancreas may lead to very low blood glucose levels at birth and possible breathing problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.*

From American Diabetes Association, [www.diabetes.org](http://www.diabetes.org)

*What questions do you have about the effect of gestational diabetes?*

*There are long-term effects for moms with gestational diabetes. It puts moms at risk for developing type 2 diabetes after delivery. WIC supports clients to reduce weight and increase physical activity. Modest weight loss and physical activity delays or prevents type 2 diabetes. Kids of moms who had gestational diabetes are at greater risk of diabetes. That risk decreases by eating healthy foods; being active, and not becoming overweight themselves.*

*Those are the lasting effects on women and their children. Since we're talking about what happens for pregnant moms, let's look at the recommendations for gestational diabetes.*

**Part 2****10 minutes****Recommendations for Gestational Diabetes**

*Our role in WIC is to assess for risk factors, like Gestational Diabetes. When a diagnosis has been made and a client tells us they have Gestational Diabetes certifiers document this risk factor and refer the client to the Registered Dietitian (RD).*

*During the certification the certifier can:*

- *Share simple tips for using WIC foods; like limiting fruit juice or exploring vegetable juice options.*
- *Encourage healthful eating strategies, like taking time for regular meals and snacks, not eating or eating in limited amounts foods that raise blood sugar, etc.*
- *Discuss options for encouraging moderate exercise (as allowed by the client's healthcare provider); including doing light housekeeping or walking after meals as a way to keep blood sugar levels more stable.*

*The certifier documents concerns or questions to be addressed by the RD and schedules a WIC appointment as an RD visit.*

*A handout on gestational diabetes is available as a reference tool for staff. Staff use the handout with information about gestational diabetes to facilitate a conversation and offer clients with this diagnosis some tips until they see the RD or their healthcare provider. Let's review this handout now.*

*Provide each in-service participant with a copy of: gestational diabetes-my pregnancy, my baby, and me.*

*Have a look at this handout: gestational diabetes – my pregnancy, my baby, and me.*

*With a partner, read the information on pages 6 & 7:*

- *What else can I do for my baby?*

- *What foods should I be careful with?*

*We will hear some of your discussions or observations.*

Wait three to five minutes and then hear discussions or observations from group.

*See the sample snacks and meals listed on pages 10 & 11.*

*What do you notice about these ideas for snacks, activities, and sample meals for women with gestational diabetes?*

*What challenges come with this way of eating? What would be most challenging for you if you had to follow this meal plan?*

Wait three to five minutes and then hear observations from group.

|               |                   |
|---------------|-------------------|
| <b>Part 3</b> | <b>10 minutes</b> |
|---------------|-------------------|

### **Support and Care**

Discussing gestational diabetes with clients:

1. What general information and support could you offer to a client newly-diagnosed with gestational diabetes?
2. What are good choices and less good choices from the WIC food package?
3. What referrals could you share with this client?

*In a small group, think about what questions you could ask to hear about a woman's management of her gestational diabetes.*

*Consider your role in WIC.*

- *What could you ask a client to better understand her perspective?*
- *What questions could you ask to learn about the clients' needs so you can support her as a WIC certifier? Write as many open ended questions you can think of.*

*We will hear your questions.*

Wait three to five minutes.

**Examples:**

What do you know about gestational diabetes?

Tell me what you've heard about gestational diabetes?

What questions do you have about gestational diabetes?

What instructions did your doctor, dietitian, or nurse give you?

What's been the easiest part of following the instructions you were given?

What has been the hardest part about following the instructions you were given?

What's one step you could take today to help keep your blood sugars in a safe range?

What's been working well?

How can WIC help you today?

**Closing****1 minute**

*Thanks for participating today. We heard some great discussion and ideas that will help us to better serve our WIC clients.*

*Please fill out a feedback form – we appreciate your input.*

Collect Feedback Forms.

Make any notes you have as a leader.

Review participants' Feedback Forms.

Document this training.

**Alternative or additional activity:**

Allow 15 minutes for people to work in pairs using the Client Scenarios Activity on page 5 of the Participant Information, or do this activity the next month.

Staff will practice using the Explore, Offer, Explore technique of offering information with at least 2 scenarios.

### Activity – Client Scenarios for Gestational Diabetes in-service

**Divide into pairs and discuss what tips or ideas you could explore with these clients. Choose to do at least 2 of the scenarios. Use Explore Offer Explore to share information (see below).**

|  |  |
|--|--|
| <p>Lindy is at WIC for a New Certification. During the certification she tells the certifier she has gestational diabetes.</p> <ul style="list-style-type: none"> <li>• She’s upset at having to give up all her “favorite” foods. She says she loves pasta and has a sweet tooth.</li> <li>• Her weight has been good, so she’s not too worried if she doesn’t follow the guide her nurse gave her.</li> </ul>        | <p>Julia is newly pregnant and is at WIC for a New Certification. She tells the certifier she had gestational diabetes when she was pregnant with her 4 year old.</p> <ul style="list-style-type: none"> <li>• She never lost all the weight from 4 years ago.</li> <li>• She’s worried she’ll have gestational diabetes again.</li> </ul>   |
| <p>Marissa is at WIC for her first pregnancy. She’s was recently diagnosed with gestational diabetes.</p> <ul style="list-style-type: none"> <li>• She has a busy job and has been taking a sesame seed bagel for her morning break.</li> <li>• She is really tired when she gets home and only has enough energy to make an easy dinner. Last night it was a bowl of cereal with milk.</li> </ul>                     | <p>Lin is at her New Certification appointment and mentions she has gestational diabetes.</p> <ul style="list-style-type: none"> <li>• Since she had it with her last pregnancy 2 years ago, she is following all the same advice.</li> <li>• She’s been craving sugar and wonders how “bad” it is to have a cookie in the afternoon or a small candy bar.</li> </ul>  |
| <p>Cam is close to delivery and just learned about WIC. During the New Certification she says she has gestational diabetes.</p> <ul style="list-style-type: none"> <li>• She doesn’t drink milk and her doctor told her to stay away from all fruit juices.</li> <li>• She knows she should get out and take a walk each day, but the rainy season and being tired makes it harder for her to be motivated.</li> </ul> | <p>Allie is at WIC for a Second Contact. She’s pregnant and while being weighed, she mentions she’s working to keep her weight down since her diagnosis of gestational diabetes.</p> <ul style="list-style-type: none"> <li>• She’s following the information from her doctor; although she is having a hard time thinking of what to pack for lunch.</li> <li>• She loves to make pancakes for her kids, and sometime make pancakes for dinner with applesauce. She noticed this meal really raised her blood sugar.</li> </ul> |

**Explore:** what the client already knows or would like to know.

**Offer:** information in a neutral, non-judgmental manner.

**Explore:** about the client’s thoughts, feelings, and reactions.

# A lesson on Gestational Diabetes and strategies for management to ensure a healthy pregnancy outcome.

## Learning Objectives

By the end of this session you will have:

- Explored risk factors for gestational diabetes.
- Identified what gestational diabetes is and what it means for pregnancy.
- Reviewed potential concerns related to gestational diabetes.
- Identified key management aspects of gestational diabetes.
- Developed open ended questions to check on Gestational Diabetes management.

Who gets gestational diabetes?

About 2-10 out of 100 pregnant women have gestational diabetes.

Which of the following are risk factors increasing a woman's odds of getting gestational diabetes?



for risk factor OR



not risk factor

- Women who are overweight
- Women with family members who have had gestational diabetes
- Women with family members who have type 2 diabetes
- African American, American Indian and Hispanic/Latina American women
- Women older than 35
- Women with a history of having a large baby (over 8lbs 13oz)
- Women with or with a history of Polycystic Ovarian Syndrome

## Part 1

### What is Gestational Diabetes and Why Does It Matter?

*Who would like to read the following?*

"We don't know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop but also block the action of the mother's insulin in her body. This problem is called insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin. She may need up to three times as much insulin.

Gestational diabetes starts when the body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose can't leave the blood so it builds up to high levels called hyperglycemia."

From American Diabetes Association, [www.diabetes.org](http://www.diabetes.org)

What questions do you have about what gestational diabetes is?

"Gestational diabetes affects mothers in late pregnancy, after the baby's body forms, but while the baby is busy growing. Gestational diabetes doesn't cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

Gestational diabetes can hurt the baby. Mom's insulin doesn't cross the placenta, while glucose and other nutrients do. The pancreas works overtime to produce insulin, but the insulin doesn't lower blood glucose levels. Extra blood glucose goes through the placenta, giving the baby high blood glucose levels. The baby's pancreas makes extra insulin to get rid of the blood glucose. Since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.

This can lead to macrosomia, or "large" babies. Babies with macrosomia face health problems, including damage to their shoulders during birth. The extra insulin made by the baby's pancreas may lead to very low blood glucose levels at birth and possible breathing problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes."

From American Diabetes Association, [www.diabetes.org](http://www.diabetes.org)

What questions do you have about the effect of gestational diabetes?

## **Part 2**

### **Treatment and Management**

Our role in WIC is to assess for risk factors, like gestational diabetes. When a client is diagnosed with gestational diabetes and tells us, certifiers document this risk factor and refer to the Registered Dietitian.

During the certification the certifier can:

- Share simple tips for using WIC foods; like limiting fruit juice or exploring vegetable juice options
- Encourage healthful eating strategies, like taking time for regular meals and snacks, not eating or eating in limited amounts foods that raise blood sugar, etc.
- Discuss options for encouraging moderate exercise (as allowed by the client's healthcare provider); including doing light housekeeping or taking a walk after meals as a way to keep blood sugar levels more stable

The certifier documents concerns or questions to be addressed by the RD and schedules a WIC appointment for an RD visit.

Let's review the following handout now:

Using the handout: *gestational diabetes – my pregnancy, my baby, and me*:

1 - With a partner, read the information on pages 6 & 7:

- What else can I do for my baby?
- What foods should I be careful with?

2 - See the sample snacks and meals listed on pages 10 & 11.

What do you notice about these ideas for snacks, activities, and sample meals for gestational diabetes?

What challenges come with this way of eating?

What would be most challenging for you if you had to follow this meal plan?

|               |                   |
|---------------|-------------------|
| <b>Part 3</b> | <b>10 minutes</b> |
|---------------|-------------------|

### Support and Care

Discussing gestational diabetes with clients

Discussing gestational diabetes with clients:

1. What general information and support could you offer to a client newly-diagnosed with gestational diabetes?
2. What are good choices and less good choices from the WIC food package?

3. What referrals could you share with this client?

### **Part 3**

#### **Support and Care**

In a small group, think about what questions you could ask to check on a woman's management of her gestational diabetes.

Consider your role in WIC.

- What could you ask a client to better understand her perspective?
  
- What questions could you ask to learn about the clients' needs so you can support her as a WIC certifier? Write as many open ended questions you can think of.

We will hear your questions.

## CLIENT SCENARIOS ACTIVITY

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**Divide into pairs and discuss what tips or ideas you could explore with these clients. Choose to do at least 2 of the scenarios. Use Explore, Offer, Explore to share information (see below).**

|   |   |
|---|---|
| <p>Lindy is at WIC for a New Certification. During the certification she tells the certifier she has gestational diabetes.</p> <ul style="list-style-type: none"><li>• She's upset at having to give up all her "favorite" foods. She says she loves pasta and has a sweet tooth.</li><li>• Her weight has been good, so she's not too worried if she doesn't follow the guide her nurse gave her.</li></ul>        | <p>Julia is newly pregnant and is at WIC for a New Certification. She tells the certifier she had gestational diabetes when she was pregnant with her 4 year old.</p> <ul style="list-style-type: none"><li>• She never lost all the weight from 4 years ago.</li><li>• She's worried she'll have gestational diabetes again.</li></ul>   |
| <p>Marissa is at WIC for her first pregnancy. She's was recently diagnosed with gestational diabetes.</p> <ul style="list-style-type: none"><li>• She has a busy job and has been taking a sesame seed bagel for her morning break.</li><li>• She is really tired when she gets home and only has enough energy to make an easy dinner. Last night it was a bowl of cereal with milk.</li></ul>                     | <p>Lin is at her New Certification appointment and mentions she has gestational diabetes.</p> <ul style="list-style-type: none"><li>• Since she had it with her last pregnancy 2 years ago, she is following all the same advice.</li><li>• She's been craving sugar and wonders how "bad" it is to have a cookie in the afternoon or a small candy bar.</li></ul>  |
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**Explore:** what the client already knows or would like to know.

**Offer:** information in a neutral, non-judgmental manner.

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FEEDBACK FORM

**Out of every 100 pregnant women in the U.S.,  
two to ten will have gestational diabetes.**

**~ Centers for Disease Control and Prevention**

1. What did you like about this training?
2. With 1 being low and 10 being high, on a scale of 1 to 10; how confident are you in using the information presented in this training? Why did you choose this number?
3. After receiving this training, name one thing you will do differently.
4. What additional information or training do you need on this topic?