

# Gestational Diabetes

Aubree Jones  
Hallie Rodriguez

# Pathophysiology of Gestational Diabetes

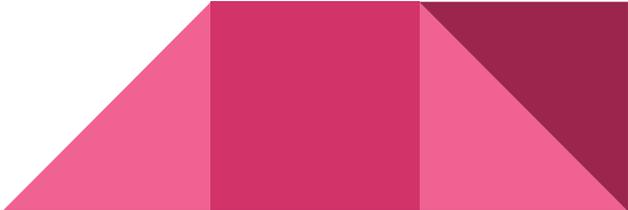
Insulin is key in the regulation of the body's blood glucose level. Insulin stimulates cells in the skeletal, muscle, and fat tissue to absorb glucose from the bloodstream. In the presence of insulin resistance, this uptake of blood glucose is prevented and the blood sugar level remains high. The body then compensates by producing more insulin to overcome the resistance and in gestational diabetes, the insulin production can be up to 1.5 or 2 times than seen in a normal pregnancy.



# Patient impact

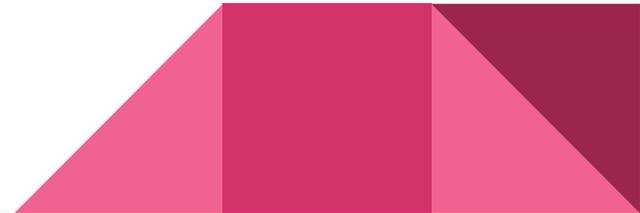
- Poorly controlled maternal hyperglycemia increases risk neonatal morbidity and mortality.
  - Can cause macrosomia which can result in fetal injury like shoulder dystocia or cesarean birth may be needed.
  - Can cause problems in the neonate such as LGA, hypocalcemia hypoglycemia, hyperbilirubinemia, and RDS.
  - Large babies may be harder to birth so the mother may experience more pain and may need an episiotomy.
- 

# Nursing Interventions

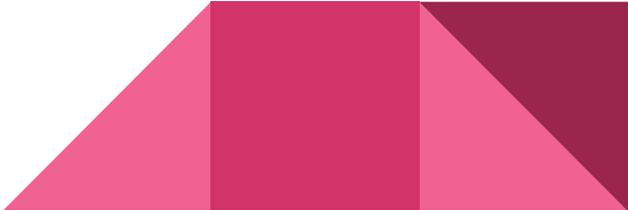
- Prepare the patient for intensive frequent intrapartum assessments
  - Encourage increased fluid intake unless contraindicated
  - Teach the patient about stress management
  - Frequent laboratory testing and follow-up appointments may be needed with gestational diabetes
  - Discuss potential complications and how to manage
  - Address emotional and psychosocial needs
  - Identify and refer patient to support groups and resources that are available
- 

# Nursing interventions

- Educate the patient about self- administration of insulin and let them perform a return demonstration
- Therapeutically communicate with the patient
- Always include the patient and family in the care plan
- Determine the appropriate teaching strategy for the patient
- Establish a regular exercise pattern

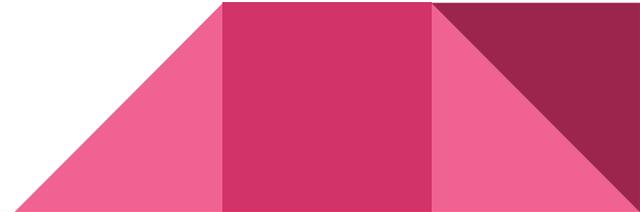


# Patient education

- Teach and have patient teach back how to glucose monitor at home. If continuously monitored additional teaching is required.
  - Teach use of sliding scale insulin to manage hyperglycemia.
  - Patient needs to be taught signs of hyperglycemia and hypoglycemia. Along with what to do when these symptoms occur or when to seek medical attention.
  - Teach or consult dietician to inform patient of appropriate diet.
- 

# Community Resources

- Support groups
- Diabetic educators (hospital should have one.)
- Parent cottage for parenting classes.
- Dietician/nutritionist
- Texas Department of Health and Human services.
- WIC



# References

- Lin, T.-C., Mu, C.-F., & Hsu, C.-Y. (2015). Risk factors for gestational diabetes mellitus: Ethnic disparities. *Australian Journal of Rural Health, 23*(3), 176–180. <https://doi.org/10.1111/ajr.12151>
- Winter, G. F. (2021). Gestational diabetes. *British Journal of Midwifery, 29*(4), 234. <https://doi.org/10.12968/bjom.2021.29.4.234>
- Martin, P. (2022, September 9). 4 gestational diabetes mellitus nursing care plans. *Nurseslabs*. Retrieved November 1, 2022, from <https://nurseslabs.com/gestational-diabetes-mellitus-nursing-care-plans/>
- Mandal, D. A. (2019, February 27). Gestational diabetes pathophysiology. *News*. Retrieved November 1, 2022, from <https://www.news-medical.net/health/Gestational-Diabetes-Pathophysiology.aspx>
- 