

# *A Record of My Journey with Pregnancy and Diabetes*



**CONFIDENTIAL-** This booklet contains personal health information. If booklet is found, please return right away to the person named inside.

This booklet is intended to help you keep track of details of your pregnancy and any questions you may have. It also provides you with a record of your pregnancy for future reference.

For more copies, please contact Waterloo Wellington Diabetes™ at [info@waterloowellingtondiabetes.ca](mailto:info@waterloowellingtondiabetes.ca) or call **519-653-1470 ext 372**

# WaterlooWellington

D I A B E T E S

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Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Hospital where I am delivering: \_\_\_\_\_

### **My team**

Diabetes Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Obstetrician/Midwife: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Diabetes Team: Dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_

Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_



# My pregnancy history

Today's date: \_\_\_\_\_ My age: \_\_\_\_\_

First day of my last menstrual cycle: \_\_\_\_\_

My due date: \_\_\_\_\_ My weight before pregnancy: \_\_\_\_\_

Prenatal vitamins: Name: \_\_\_\_\_ Date started: \_\_\_\_\_

Other supplements (such as vitamin D): \_\_\_\_\_

Current medications: \_\_\_\_\_  
\_\_\_\_\_

## My previous pregnancies

Birth date: \_\_\_\_\_ I delivered at: \_\_\_\_\_ weeks

My baby's birth weight was: \_\_\_\_\_

My experience: \_\_\_\_\_

Birth date: \_\_\_\_\_ I delivered at: \_\_\_\_\_ weeks

My baby's birth weight was: \_\_\_\_\_

My experience: \_\_\_\_\_

Birth date: \_\_\_\_\_ I delivered at: \_\_\_\_\_ weeks

My baby's birth weight was: \_\_\_\_\_

My experience: \_\_\_\_\_

## Blood test results that I want to remember

Date	Test	Results	Notes

# *I have Gestational Diabetes*

At 24 to 28 weeks of pregnancy, my doctor or midwife sent me for a glucose tolerance test. I have gestational diabetes because I had one or more blood sugar results higher than normal.

## **My Glucose Tolerance Test Results**

Date lab requisition received: \_\_\_\_\_

Date of test: \_\_\_\_\_ # of weeks: \_\_\_\_\_

### **Normal Values**

Fasting: \_\_\_\_\_ (<5.1 mmol/L)

1 hour: \_\_\_\_\_ (<10.0 mmol/L)

2 hour: \_\_\_\_\_ (<8.5 mmol/L)

\* In 2013 the guidelines changed. The normal values on your lab work printout may not be up to date.

These are some risk factors that increased my chance of getting gestational diabetes. My risk factors are (check all that apply):

- Family history: \_\_\_\_\_
- Previous large baby (over 9 lbs)
- I was a large baby at birth (over 9 lbs)
- 35 years old or older
- Previous gestational diabetes
- I am Asian, South Asian, Aboriginal, African, Hispanic or Middle Eastern
- Other \_\_\_\_\_
- Prediabetes
- Overweight
- Polycystic ovarian syndrome
- Corticosteroid use



# *I have Type 1 or Type 2 Diabetes*

## **My diabetes history before pregnancy**

### **Diabetes medications**

Name of Insulin: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Insulin: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Insulin: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Insulin: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Insulin pump type: \_\_\_\_\_

Basal rate(s): \_\_\_\_\_

Carb/Insulin ratio: B \_\_\_\_\_ L \_\_\_\_\_ D \_\_\_\_\_ Bedtime \_\_\_\_\_

Correction factor: \_\_\_\_\_

Diabetes pills: \_\_\_\_\_

Other: \_\_\_\_\_

# I have Type 1 or Type 2 Diabetes

*continued*

## Diabetes management

**Eye exam:** Before pregnancy **Yes**  **No**  Date of exam: \_\_\_\_\_

Details: \_\_\_\_\_

1st trimester **Yes**  **No**  Date of exam: \_\_\_\_\_

Details: \_\_\_\_\_

**Kidney function test:** **Yes**  **No**  Date of test: \_\_\_\_\_

Details: \_\_\_\_\_

**My blood pressure is usually:** \_\_\_\_\_

**Thyroid test:** **Yes**  **No**  Date of test: \_\_\_\_\_

Details: \_\_\_\_\_

**Dental check-up:** **Yes**  **No**  Date of test: \_\_\_\_\_

Details: \_\_\_\_\_

**Other:** \_\_\_\_\_

**Blood sugars were between:** \_\_\_\_\_

### Low blood sugar (Hypoglycemia):

I had symptoms (aware)  Number of Lows/week: \_\_\_\_\_

I didn't have symptoms (unaware)  Number of Lows/week: \_\_\_\_\_

I needed Glucagon: **Yes**  **No**

### Planning for pregnancy

This is a planned pregnancy: **Yes**  **No**

I took Folic Acid: **Yes**  **No**  Date started: \_\_\_\_\_

I attended diabetes education: **Yes**  **No**  Where: \_\_\_\_\_

# My pregnancy record from my health care visits

Date						
Number of weeks						
Current weight						
Weight gain to date						
Fundal height measurement						
Blood pressure						
Urine protein						
Blood sugar range	Fasting/ before meals					
	After meals					
Insulin	Basal					
	Bolus					
Additional ultrasound/ non stress test						
Concerns						
Next appointment						




# Things I learned

Topic	Discussed	Further questions
What is gestational diabetes		
Benefits of good blood sugar control		
How to use meter		
When to test		
Blood sugar targets		
Ketone testing		
Lab to meter comparison		
Foods with carbohydrate		
Importance of regular meals and snacks		
Nutrition for pregnancy		
Supplements		
Activity guidelines		
Who and when to call		
Dealing with the discomforts of pregnancy e.g. constipation		
Handling stress		
Reason for starting insulin		
How to give insulin		
How to adjust insulin		
Injection sites and rotation		
Sharps disposal		
Low blood sugar (hypoglycemia) — signs, symptoms and treatment		
Glucagon		
Labour and delivery instructions		
After delivery follow-up glucose tolerance test		
Benefits of breastfeeding		

## Lab to Meter Comparison

Type of meter: \_\_\_\_\_

Date	Time	Lab Result	Meter Result

# *After my baby is born*

My baby's weight: \_\_\_\_\_ I delivered at \_\_\_\_\_ weeks

Type of delivery: \_\_\_\_\_

My experience: \_\_\_\_\_  
\_\_\_\_\_

My baby's experience (e.g. low blood sugar, jaundice): \_\_\_\_\_  
\_\_\_\_\_

I chose to breastfeed my baby for \_\_\_\_\_ months



# If I had Gestational Diabetes

## I need to remember:

- To have a glucose tolerance test done 6 weeks to 6 months after my baby is born.
- To take folic acid for at least 3 months before getting pregnant.
- To ask about taking vitamin D with my healthcare provider before getting pregnant.
- When I get pregnant again, I can refer myself for diabetes education around 10-12 weeks by contacting Waterloo Wellington Diabetes™ Central Intake at **519-653-1470 ext 372** or visiting **[www.waterloowellingtondiabetes.ca](http://www.waterloowellingtondiabetes.ca)**.

### My Glucose Tolerance Test Results after Delivery

Date of test: \_\_\_\_\_

#### Normal Values

Fasting: \_\_\_\_\_ (<5.6 mmol/L)

2 hour: \_\_\_\_\_ (<7.8 mmol/L)

# *If I have Type 1 or Type 2 Diabetes*

## I need to remember:

- To have good control of my blood sugar for 3-6 months before getting pregnant.
- To take 5 mg of folic acid for at least 3 months before getting pregnant.
- To visit my diabetes team for education, management, and support 3-6 months before getting pregnant.
- I can refer myself for diabetes education by contacting Waterloo Wellington Diabetes™ Central Intake at **519-653-1470 ext 372** or visiting **[www.waterloowellingtondiabetes.ca](http://www.waterloowellingtondiabetes.ca)**.



# *Notes*

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# My record of appointments

Date	With/Where	Questions to Ask	Answers/Comments
<b>To be done by</b>	<b>After my Pregnancy</b>		
	Glucose tolerance test		
	Diabetes specialist		
	Eye exam		
	Diabetes education		

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