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#### Overview

This standard covers agreeing a care plan with a woman who has been diagnosed with gestational diabetes. The plan will be agreed jointly with the woman, and if she chooses, with her partner or other family support. The activities described in this standard follow on from the diagnosis of gestational diabetes and informing the woman of the diagnosis. The circumstances may require rapid action to help the woman understand the risks of diabetes for pregnancy, and to help her manage her diabetes in a way that minimises these risks. The woman may be able to manage her diabetes through diet and physical activity, or she may need to use insulin, either as part of the initial plan, or as her pregnancy progresses. The plan may require:

1. a different approach to diet and physical activity
2. helping the woman learn how to measure blood glucose and learning how to gain tighter control over blood glucose levels

Users of this standard will need to ensure that practice reflects up to date information and policies.

## SFHDiabPD13

### Agree care plans with women who have gestational diabetes

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#### Performance criteria

*You must be able to:*

- P1 include women with diabetes and their partners as members of the care team, involve them in decisions about their care, and provide them with sufficient appropriate information for them to participate fully in making decisions
- P2 work in full partnership with other members of the multi-disciplinary team involved in providing care and support for diabetes and for pregnancy to ensure that holistic care is provided
- P3 assess through discussion:
  - P3.1 the woman's understanding of her diabetes and its potential effects on her pregnancy
  - P3.2 her attitude towards managing her diabetes
  - P3.3 her ability to self manage, taking into account support from her partner
  - P3.4 her emotional/psychological needs in relation to her diabetes and pregnancy
- P4 through providing information in suitable forms, and through discussion, help a woman and her partner learn about her diabetes, and the principles of how to manage her diabetes during pregnancy, in order to minimise risks
- P5 assess levels of blood glucose and HbA1c and jointly identify immediate priorities for managing the woman's diabetes, taking into account:
  - P5.1 blood glucose and HbA1c levels
  - P5.2 risks inherent in the woman's current condition
  - P5.3 the beliefs and values of the woman and her partner
- P6 arrange or carry out a dietetic review to help to optimise blood glucose control and ensure total nutritional adequacy
- P7 agree blood glucose targets and help the woman and her partner learn how to monitor blood glucose levels, including arranging access to equipment
- P8 where relevant, discuss the options regarding the use of any medication for managing the woman's diabetes, where relevant, and promptly arrange for any agreed medication to be provided and support the woman and her partner in learning how to use it
- P9 agree dates that are convenient for the woman and her partner for meetings to support and review the care plan, and ensure that the woman and her partner know how to access help and advice between meetings, if they need it
- P10 make an accurate record of the discussion and the agreed plan that can be followed by other members of the care team, the woman and her partner

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### Knowledge and understanding

*You need to know and understand:*

- K1 national guidelines on diabetes management, education and service delivery in relation to diabetes and pregnancy
- K2 theories of the causes of diabetes
- K3 signs and symptoms of diabetes, including WHO criteria for diagnosis
- K4 normal and abnormal blood glucose and HbA1c values
- K5 how to monitor glucose levels, HbA1c and blood pressure
- K6 the importance and effects of patient education and self management
- K7 the psychological impact of diabetes, at diagnosis and in the long term
- K8 how to gather information from patients about their health
- K9 how to work in partnership with patients and carers
- K10 the social, cultural and economic background of the patient/carer group
- K11 the impact of nutrition, particularly carbohydrates, on diabetes
- K12 the impact of physical activity on diabetes
- K13 the effects of smoking, alcohol and illicit drugs
- K14 the effects of, and how to manage, intercurrent illness
- K15 how to manage hypoglycaemia
- K16 the medications used to manage diabetes
- K17 the risks of a mother's diabetes to the mother and to the child
- K18 the medications used to manage diabetes during pregnancy and the medications that are contra-indicated
- K19 how to manage high blood pressure during pregnancy
- K20 the priorities for managing diabetes during each trimester of pregnancy, during labour, and following delivery
- K21 relevant professional guidelines, standards and codes of professional conduct
- K22 the law and good practice guidelines on consent
- K23 your role in the healthcare team and the role of others
- K24 legal frameworks concerning prescribing
- K25 local guidelines on diabetes healthcare
- K26 the arrangements for supporting women with diabetes who are pregnant or who are planning pregnancy
- K27 local referral pathways
- K28 local systems for recording patient information
- K29 audit and quality assurance systems
- K30 sources of practitioner and patient information on diabetes and on pregnancy
- K31 contact details of local and national support groups
- K32 how individuals can access facilities for exercise and physical activity

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#### Additional Information

##### External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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### Agree care plans with women who have gestational diabetes

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