

PREGNANCY EDUCATION CHECKLIST

DIABETES CENTRE

INSTRUCTIONS:

- Instruction** Use this column to indicate the first time the topic was taught/reviewed.
- Reinforcement** Use this column to indicate review of specific topics.
- Date** Record date. Initial if required.
- C** Check (✓) when exhibits understanding and ability to apply.
- H** Check (✓) if handouts/material given.
- F** Check (✓) if family/others were present for instruction.
- G** Check (✓) if topic was instructed in a group.
- *** Indicates survival skills for appropriate treatment type.

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
What is Diabetes/GDM?															
Fetal/Maternal Risks*															
Target Blood Glucose Values															
• SMBG/Lab															
Antihyperglycemic Agents															
• Name/dosage/action/timing*															
• Side effects/interactions*															
Insulin															
• Name/dosage/action/timing*															
• Storage/preparation															
• Injection/site selection/rotation															
• Pens/syringes															
• Adjustment/pattern management															
Hypoglycemia															
• Signs & symptoms/treatment															
• Causes/prevention															
• Diabetes identification															
• Recognizing patterns															
• Driving (safety)															
• Glucagon															
SMBG															
• Purpose/frequency/timing															
• Technique															
• Record keeping															
• Target values/interpretation/action															
• Meter care/lab comparison															
Sharps Disposal*															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
Infection Control*															
Ketone Monitoring															
Nutrition															
• Healthy eating guidelines															
• CHO sources/balance/consistency*															
• Regular meals/spacing*															
• Meal balance/variety*															
• Snacking*															
• Role of macronutrients															
• Specific modification: <input type="checkbox"/> fat															
<input type="checkbox"/> sodium															
<input type="checkbox"/> fiber															
• Prenatal complaints (heartburn, nausea, etc.)															
• Other: <input type="checkbox"/>															
<input type="checkbox"/>															
Meal Plan*															
• Just the Basics™															
• Simplified/menus/CFG															
• Portion control															
• Beyond the Basics™															
• CHO counting															
• Glycemic Index															
• Adjustment/revision															
• Other:															
Dietetic Foods/ Sweeteners															
Label Reading															
Special Eating Situations															
• Travel															
• Other:															
Weight Control and DM															
• Setting goals (pre and post pregnancy)															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
• Weight gain guidelines for pregnancy															
• Effect on BG															
Supplements															
• Vitamins/minerals															
• Folic acid															
• Herbal															
Exercise															
• Benefits/role															
• Monitoring/compensation for exercise															
Sick Day Management															
• Hyperglycemia/ketoacidosis															
• Monitoring protocol															
• Medication protocol															
• OTC medications															
• Intake for sick days															
Fetal/Maternal Surveillance Tests															
Self-Management/ Complication Prevention															
• Goal Setting															
• Eye care/dental care															
• Foot care/skin care															
• Emergency preparedness															
• Other:															
Postpartum Care and Follow up															
• Nutrition management															
• Depression															
• Stress management															
Breast-Feeding															
Preconception Care															
Family at Risk (Prevention)															
Community Resources/Supports															
Other:															

DIABETES CENTRE SESSIONS ATTENDED:

Previous Diabetes Teaching Date: _____ Where: _____

Group/Modular Sessions Recommended:

_____ Date Attended: _____

_____ Date Attended: _____

_____ Date Attended: _____

Comments:

Date	Name (Print)	Signature	Initials	Discipline