

Intervention for blood sugar control in pregnant women with diabetes

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In an effort to help your patients maintain healthy blood sugar levels throughout pregnancy, reduce the probability that babies will be born weighing greater than 4,500 grams and, thereby, reduce the potential for Cesarean section, Empire BlueCross BlueShield HealthPlus (Empire) offers the Diabetes in Pregnancy program to support you and your patients. Eligible Empire members in need of additional support may be enrolled in case management and referred to a registered dietitian/nutritionist or certified diabetes educator.

The program includes providing meal planning assistance, physical activity interventions, weight gain interventions and monitoring blood sugars patterns. Pregnant members with diabetes are identified as early as possible and are targeted for outreach to engage in case management.

Diabetes in pregnancy

The common types of diabetes seen during pregnancy are type 1, type 2 and gestational diabetes, which is defined as diabetes first diagnosed in the second or third trimester of pregnancy that is clearly neither pre-existing type 1 or type 2 diabetes. According to the Centers for Disease Control and Prevention, pre-existing diabetes occurs in 1% to 2% of all pregnancies and gestational diabetes in 6% to 9% of pregnancies.¹

While pregnancy complicated with diabetes is a low percentage of all pregnancies, the risk of Cesarean sections are much higher in this population than for women with uncomplicated pregnancies. Sixty-four percent of women with pre-existing diabetes and 46% of women with gestational diabetes will have a Cesarean section compared to 32% of women who do not have diabetes during pregnancy.²

Whether diagnosed with type 1 or type 2 diabetes or diagnosed with gestational diabetes, blood sugar control is essential for the health and well-being of mother and infant. All types of diabetes put the baby at risk for macrosomia, making a Cesarean section delivery more likely.³ Research indicates that early lifestyle interventions, such as meal planning and physical activity, can help women reach healthy blood sugar targets more quickly and help them stay in target longer, thus reducing the risk of macrosomia in the infant.³

According to the American College of Obstetricians and Gynecologists (ACOG), Cesarean sections should be limited to babies of at least 4,500 grams in mothers with diabetes.⁴

For more information

If you have a patient who would benefit from speaking with an Empire registered dietitian/nutritionist, certified diabetes educator or an obstetric case manager, please call Provider Services at **1-800-450-8753** and ask for a case management referral for the member.

If you would like more information on the Diabetes in Pregnancy program, please contact Provider Services at the number above.

¹ Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>.

² *Agency for Healthcare Research and Quality Statistical Brief #102*. Retrieved from: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb102.jsp>.

³ *The New England Journal of Medicine*, May 8, 2008 vol. 358 no. 19. *Hyperglycemia and Adverse Pregnancy Outcomes*, The HAPO Study Cooperative Research Group. Retrieved from: <https://www.nejm.org/doi/full/10.1056/NEJMoa0707943>.

⁴ *Effect of diet and physical activity based interventions in pregnancy on gestational weight gain and pregnancy outcomes: meta-analysis of individual participant data from randomized trials*. *BMJ* 2017;358:j3119 doi: 10.1136/bmj.j3119 (Published 19 July 2017).

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