



HEALTHY SOUTH TEXAS

GESTATIONAL DIABETES LETTER OF COMMITMENT

Our **commitment to you** is to provide you with information and guidance needed for better control of your blood sugar levels during pregnancy.



For assistance coordinating transportation services within the Coastal Bend region, call TCN at 361-664-7826.

My commitment is the following:

- ✓ To return to the Diabetes Education Center for “Meet the Baby Event” post-delivery. I will receive an invitation in the mail for the event
- ✓ I will receive a phone call by one of the educators within 1-2 weeks of class. What is the best time to reach you and at what phone number?

Date: _____ **Time:** _____

Phone: _____

My Goal

- Count my carbohydrates that I eat at meals and at snacks
- Keep a food diary of all the foods I eat
- Increase my normal physical activity by _____ times per week for _____ minutes
- Take my diabetes medications on time
- Check my blood sugars _____ times/day
- Keep a log of all my blood sugar testing
- Perform baby kicks daily and keep a record

Upon completion of the Gestational Diabetes Class, I will follow up with: *(check all that apply)*

- My Obstetrician
- My Endocrinologist (diabetes specialist)
- Other: _____

Patient Signature: _____ **Print Name:** _____

Date/Time: _____

DIABETES EDUCATION PROGRAM