MEDICAL DISORDERS ASSOCIATED WITH PREGNANCY

DIABETES IN PREGNANCY

INTRAPARTUM MANAGEMENT OF GESTATIONAL DIABETES – INCLUDES PLANNING FOR INDUCTION OF LABOUR/CAESAREAN SECTION

AIM

- Women with gestational diabetes will maintain blood glucose control (4 – 7 mmol/L) during labour/Caesarean section.

KEY POINTS

- Very few women with Gestational Diabetes Mellitus (GDM), whether using insulin or not, require insulin for labour or caesarean section.
- All women with GDM for induction of labour or caesarean section who are on insulin or oral hypoglycaemic agents shall have the plan for their intrapartum and postpartum management discussed and documented on the MR 004 during antenatal clinic visits at 34 – 36 weeks.

INDUCTION OF LABOUR OR CAESAREAN SECTION

GDM ON TREATMENT (INSULIN OR ORAL HYPOGLYCAEMIC AGENTS)

- Measure Blood Glucose Level (BGL) at usual times i.e. fasting and two hours post-prandial until fasting.
- **Guidelines for the management of GDM women using insulin or oral hypoglycaemic agents**
  - **Bedtime insulin**
    - Insulin: Reduce night time long acting insulin by 50% - e.g. human isophane insulin (Protaphane or Humulin NPH) or insulin glargine (Lantus).
  - **Oral agents**: Do not give night time oral hypoglycaemic agents

- **During induction of labour**:
  - Meal time medication:
    - Continue normal meal time short acting insulin (e.g. Novo Rapid) when eating meals until obstetrician determines fasting should commence.
  - Check BGL at usual intervals i.e. fasting and two hours post prandial

- **With onset of fasting (labour or caesarean section)**
  - For most women insulin is not required during labour or caesarean section.
➢ If BGL exceeds 7.0 mmol/L start IV Dextrose/insulin infusion regime—see Clinical Guideline intrapartum management of type 2 diabetes mellitus
➢ If BGL falls below 4.0 mmol/L refer to Clinical Guideline: Hypoglycaemia Management
➢ Continue BGLs four - six hourly while in labour

GDM ON DIET ONLY

- It is rare for women controlled by diet alone to require insulin in labour.
- If BGL exceeds 7.0 mmol/L inform the Diabetes Physician or Obstetric Medicine Registrar.

POST PARTUM MANAGEMENT OF GESTATIONAL DIABETES

- Women with GDM should not require insulin following delivery.
- If insulin has been required in labour or caesarean section, **discontinue insulin** following delivery of the placenta.
- Women with GDM who are treated with insulin or oral hypoglycaemic agents during pregnancy should complete a 24 hour BGL profile (fasting and 2 hours post each meal) prior to discharge. If results are 10.0 mmol/L or greater notify Diabetes Educator or on–call Physician( not necessary for women with GDM treated with diet / exercise only during pregnancy, unless otherwise requested).
- All women with GDM are advised to have an OGTT 6 – 8 weeks after the birth of the baby and this is repeated every 2 years at a minimum.
- Lifestyle changes are advised e.g. weight loss/maintenance, healthy diet, regular activity
REFERENCES (STANDARDS)


| National Standards – 1 Clinical Care Legislation - Nil |
| Related Guidelines /Policies – [Section 3.1 Diabetes](#) |
| Other related documents – Nil |

RESPONSIBILITY

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