3.1.4.1 Quick Reference Guide – Midwifery Care of the Antenatal Woman with Diabetes on the Obstetric Wards

**Maternal Assessment**
- **On Admission**
  - Full set of observations*, Urinalysis, Vaginal loss, uterine activity
- **4 hourly**
  - Vaginal Loss, Uterine activity/ tenderness pain or rigidity
  - If abnormal- perform full set of observations*
- **6 hourly**
  - 4 point profile (fasting and two hours post prandial) – as ordered
  - Aim for fasting <5.5mmol/L & two hours post prandial <7mmol/L
  - Notify diabetes physician if blood glucose >10mmol/L
- **Daily**
  - Full set of observations* Bowel activity
- **Overnight**
  - Less than 20 weeks gestation BGL overnight (0200hrs) twice a week only
  - FH/FM- Not between 2200 hours and 0600 hours unless clinically indicated

**Fetal Assessment**
- **4 hourly**
  - Fetal Movement
  - Report any decrease in movement or change in usual pattern of movements
- **BD**
  - FHR
  - Report abnormalities promptly
- **CTG**
  - As ordered- usually twice weekly
  - Immediately if uncontrolled BGL, maternal or fetal tachycardia, maternal hypertension or any deterioration in maternal or fetal condition

* Full set of observations includes Blood Pressure, Pulse, Temperature, Respiration, O2 Saturation and conscious state.
PROCEDURES TO BE CONSIDERED

- Maternal laboratory investigations: Hb A1C
- Corticosteroids (inform diabetes physician before their administration)

EDUCATION

- Diabetes in pregnancy
- Plan of care
- Preterm birth
- Special Care Nursery
- Caesarean section
- Snack cards
- Diet: 5 to 6 low fat/GI meals/day
- Breastfeeding and diabetes

ACTIVITY

- If maternal condition permits encourage ambulation
- Explain that exercise will increase glucose absorption.

DOCUMENTATION

- CHECK Diabetes Management Plan sticker
- MR265- Diabetes Record
- MR265.01 Insulin infusion
- MR 004- Obstetric Special Instruction Sheet
- MR 285 - Observation Chart
- MR 810 - Medication Chart
- MR 250 - Progress Notes
- MR 410 - Neonatal History Sheet
- Baby notes prepared
- Perinatal Database record (Stork) updated

REFERRALS TO BE CONSIDERED

- Diabetes Educator
- Dietician
- Psychological Medicine
- Neonatologist
- Social Worker
- Parent Educator
- Physiotherapist
- Activities Coordinator
- Aboriginal Liaison Officer

This Quick Reference Guide must be used in conjunction with its respective Clinical Guidelines, Section B. 3.1. Diabetes in Pregnancy and B.3.1.4 Diabetes in Pregnancy-Admission procedure.

Assessments and care recommended in this guide must be re-evaluated and adjusted if required, in the event of a change in maternal or fetal condition. Midwifery staff should be familiar with the contents of the full guideline.