3 MEDICAL DISORDERS ASSOCIATED WITH PREGNANCY

3.1 DIABETES IN PREGNANCY

3.1.4 ADMISSION PROCEDURE

KEY WORDS
Antenatal, type 1, diabetes, diabetes educator, blood glucose, insulin, medication

AIM
To provide guidelines for healthcare providers admitting women with diabetes in pregnancy to KEMH

KEY POINTS

- Where possible women with Type 1 diabetes shall be admitted to Ward 3
  - for antenatal care, regardless of gestation
  - prior to elective caesarean section
  - for postnatal care
- During admission to hospital, all women with diabetes shall be referred to the Diabetes Service
- The Diabetes Educator / Midwife (page 3309) should be notified when women attend the Maternal Fetal Assessment Unit. Most attendances will be planned.
  
  For unbooked attendances outside normal business hours (Monday – Friday 07:30 - 16:00) please leave a message on the Diabetes Service answering machine extension 2163.

ADMISSION PROCEDURE

ON ADMISSION NURSING/MIDWIFERY STAFF SHALL:

- If the woman has type 1 or type 2 Diabetes Mellitus, notify the:
  - Diabetes Educator / Midwife extension 2163 (leave a message after hours)
  - Dicetian page 3126 (during office hours)
- Commence Diabetes Record MR 265. All women should check their BGLs pre breakfast and 2 hours post meals unless otherwise instructed (See clinical guideline B 3.1.5 Blood Glucose Monitoring
- Women should use their own blood glucose meter and insulin equipment
- Ensure women have access to “snack cards” available from food services
- Inform the Diabetes Educator (pager 3309) if women require further diabetes supplies
- Provide the woman with a sharps container for her room.
- Ensure women on insulin have snack foods available in their room in case of hypoglycaemic episodes.
• In the event of a woman being unable to give her own insulin injections, staff should revert to using a vial and syringe. Insulin pen devices are not to be used by staff due to increased finger stick injury risk.

MEDICATION ORDERS

• On admission, continue woman’s home insulin or oral hypoglycaemic agent (OHA) regimen until:
  o review by the diabetes physicians / medical registrar / diabetes educator/or gold team registrar
  o Call the medical registrar or diabetic educators if in doubt regarding insulin /OHA orders (during office hours) or the physician on call if after hours

• Insulin orders are prescribed on the Diabetes Record MR 265.
• Oral hypoglycaemic agent doses are prescribed on the Medication chart (MR 810)

THE INSULIN / ORAL HYPOGLYCAEMIC AGENTS DOSE WILL BE REVIEWED WHEN:

• induction of labour or Caesarean section is planned (document the medication plan on the MR004)
• the woman is in labour
• the woman is admitted for induction
• the baby is born
• blood glucose results are out of target range on more than two occasions at the same time period.
• Changes in dose should be made in consultation with the woman by:
  o Medical officer
  o Credentialed Diabetes Educator
  o Nurse Practitioner - Diabetes