Postpartum care for all GDM

Cease Metformin and/or Insulin immediately after birth (vaginal or CS)

BGL monitoring
- Target BGL ≤ 7.0 mmol/L
- Monitor BGL QID for 24 hours (preprandial and before bed)
- If all preprandial BGL between 4–7 mmol/L, cease monitoring 24 hours after birth

BGL < 4.0 mmol/L
- If BGL < 4.0 mmol/L or diet not tolerated
  - Seek medical review
  - Consider IV fluid 12 hourly

BGL > 7.0 mmol/L
- If any preprandial BGL > 7.0 mmol/L
  - Seek medical review
  - Continue BGL monitoring
- Insulin rarely required postpartum
  - If indicated, prescribe lower dose than required during pregnancy

IV therapy (if any)
- If BGL ≥ 4.0 mmol/L and diet tolerated cease mainline IV fluids after birth

Postpartum care

Postpartum
- All routine care is indicated

Breastfeeding
- Women with GDM are less likely to BF and to BF for shorter duration
- Support and encourage BF with advice, information and skilled lactation support
- Metformin and Insulin are safe during BF

Newborn care
- Keep warm
- Early feeding within 30–60 minutes of birth
- If baby has fed effectively
  - BGL before 2nd feed or within 3 hours of birth
- If baby has not fed effectively
  - BGL at 2 hours of age
  - BGL every 4–6 hours pre-feeds until monitoring ceases
  - Refer to QCG Newborn hypoglycaemia

Discharge
- Consider routine criteria to inform readiness for discharge
- Advise of benefits of optimising postpartum and inter-pregnancy weight
- Recommend OGTT at 6–12 weeks postpartum to screen for persistent diabetes
- Recommend lifelong screening for diabetes at least every 3 years
- Early glucose testing in future pregnancy