GDM Postpartum care

ALL GDM

Pharmacological therapy?

Yes

Insulin or metformin

Cease metformin and/or insulin immediately after birth (vaginal or CS)

BGL monitoring

- Target BGL ≤ 8.0 mmol/L
- Monitor BGL 4 times per day for 24 hours after birth (preprandial and before bed)
- If all preprandial BGL 4–8 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 > 8.0 mmol/L

- If any preprandial BGL > 8.0 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

No Pharmacological therapy

Cease BGL monitoring after birth

Postpartum care

Postpartum

- All routine care as 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 when BF

Care of baby

- Keep warm
- Early feeding within 30–60 minutes of birth
- Monitor and manage baby’s BGL
- 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
- Recommend early glucose testing in future pregnancy

BGL: blood glucose level
BF: breast feed
CS: caesarean section
GDM: gestational diabetes mellitus
IV: intravenous
OGTT: oral glucose tolerance test
QID: 4 times per day
subcut: subcutaneous
≥: greater than or equal to
<: less than
≤: less than or equal to