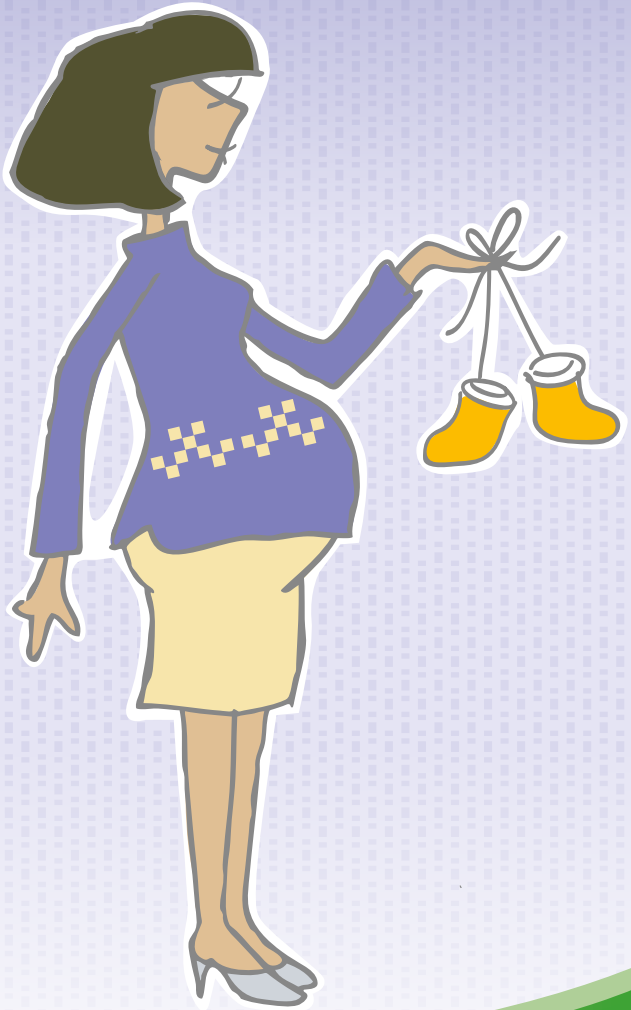


Metformin information



Gestational diabetes mellitus (GDM) is one of the most common medical complications of pregnancy affecting approximately 5–8 per cent of pregnant women. The goals of managing and treating GDM are to reduce the risks of some of the common complications of GDM which can affect a mother and her baby.

Risks for mother:

- increased risk of induction
- increased caesarean section rate
- increased risk of developing type 2 diabetes later in life.

Risks for baby:

- may grow larger and fatter prior to birth
- low blood glucose levels after birth
- breathing problems
- difficulty maintaining body temperature
- feeding problems.

If your baby's blood glucose levels are low, your baby may need to be cared for in the special care nursery.

The aims of managing GDM are to prevent any of these complications by achieving as near normal blood glucose levels for you (mother).

When dietary changes and physical activity are not enough to reach the targets for good glucose control, it is necessary to consider medications for ongoing management. About one-third of all women with GDM need to use tablets or insulin injections as part of their treatment.

Your doctor has chosen to commence metformin (Diabex) tablets to improve your blood glucose levels. There have been recent studies done in Australia and New Zealand assessing the use of these tablets during pregnancy. The study showed that metformin was effective in lowering the mother's blood glucose levels and safe for both mother and baby.

Metformin has been used for many years for people with type 2 diabetes with good results.

Most people have no problems taking metformin but there can be some side effects in the first few days such as:

- nausea
- vomiting
- diarrhoea
- loss of appetite
- mild abdominal discomfort
- taste disturbance.

If any of these symptoms occur in the first few days of treatment, they resolve spontaneously in most cases. To assist in preventing these side effects, it is recommended that metformin is taken during or after meals—not on an empty stomach.

Notify your doctor or diabetes educator if you have any ongoing side effects which do not settle quickly.

Continue to monitor your blood glucose levels as requested by your health care team and notify them if your levels are not improving with the medication.



Target levels are:

Before breakfast

1 hour post meals

2 hours post meals

Your starting dose is:

Metformin 500 mgs _____ tablet(s) per day—take with food

Other instructions:

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It is usual to follow up with your doctor or diabetes educator after 3–4 days of medication to see if any further change is needed.

The maximum dose you can take is 2,000 to 2,500mg per day. If this is reached and your blood glucose levels are still not within target ranges, insulin injections may be needed. This will be discussed with you and consideration will be given to how much longer you have until the birth of your baby and the size of the baby.

**Any questions, please contact your doctor,
diabetes educator or midwife.**

**This resource should be used in conjunction with
education provided by your health care team.**

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