GDM Intrapartum care

**Mode of birth?**

**GDM Insulin or metformin**

**Vaginal (spontaneous or IOL)**
- **Metformin**
  - Cease when labour established
- **Insulin**
  - Cease when labour established
  - If morning IOL (and labour not established)
    - Eat breakfast and give usual rapid acting Insulin
    - Omit morning long or intermediate acting Insulin
  - If afternoon IOL (and labour not established)
    - Give usual mealtime and bedtime insulin
  - If IV insulin infusion consult before ceasing

**Monitor BGL 2/24**

**BGL result?**

- **$4.0–7.0$ mmol/L**
- **$>7.0$ mmol/L**
- **$<4.0$ mmol/L**

**Hyperglycaemia**
- Review clinical circumstances (e.g. stage of labour, intake)
  - **Option 1:**
    - Repeat BGL in 1 hour and reassess requirements
  - **Option 2:**
    - Consider insulin infusion

**Hypoglycaemia**
- Cease insulin therapy
  - If symptomatic:
    - Treat hypoglycaemia and repeat BGL in 15 minutes
  - If asymptomatic and receiving insulin:
    - Repeat BGL in 15 minutes and reassess
  - If asymptomatic and not receiving insulin:
    - Repeat BGL in 1 hour and reassess (or earlier if symptoms develop)
  - Review clinical circumstances (e.g. stage of labour, intake)

**Day before procedure**
- Cease metformin after evening dose prior to procedure
- Give usual insulin the night before procedure

**Day of morning procedure**
- Fast for 6 hours
- When fasting omit sub-cut insulin
- If insulin infusion consult with anaesthetist

**Hypoglycaemia signs and symptoms**
- Hunger
- Palpitations, dizziness, sweating
- Headache, irritability
- Tingling around lips, fingers
- Blurred vision
- Confusion/lack of concentration
- Behaviour changes
- Loss of consciousness

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**BGL:** blood glucose level  
**CS:** caesarean section  
**GDM:** gestational diabetes mellitus  
**IOL:** induction of labour  
**IV:** intravenous  
**OGTT:** oral glucose tolerance test  
**QCG:** Queensland Clinical Guidelines  
**subcut:** subcutaneous  
$<$: less than  
$: greater than