Intrapartum management for GDM requiring Insulin and/or Metformin

GDM
Insulin or Metformin

Mode of birth?

Vaginal (spontaneous or IOL)

Metformin
• Cease when labour established

Insulin
• Cease when labour established
• If morning IOL (and labour not established)
  o Eat breakfast and give usual rapid acting Insulin
  o Omit morning long or intermediate acting Insulin
• If afternoon IOL (and labour not established)
  o Give usual mealtime and bedtime Insulin

Elective CS

Day before procedure
• Cease Metformin 24 hours prior to procedure
• Give usual Insulin the night before procedure

Day of morning procedure
• Fast from 2400 hours
• Omit morning Insulin

Monitor BGL 2/24

BGL result?

4.0–7.0

> 7.0 < 4.0

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)

Symptoms of hypoglycaemia
• Hunger
• Palpitations, dizziness, sweating
• Headache, irritability
• Tingling around lips, fingers
• Blurred vision
• Confusion/lack of concentration
• Behaviour changes
• Loss of consciousness

BGL: Blood Glucose Level
CS: Caesarean section
GDM: Gestational Diabetes Mellitus
IOL: Induction of labour
OGTT: Oral glucose tolerance test
<: less than
>: greater than

Queensland Clinical Guideline: Gestational diabetes mellitus Guideline No: MN15.33-V1-R20