



# Insulin Subcutaneous (Maternity) Order and Blood Glucose Record

(Affix identification label here)

URN: \_\_\_\_\_  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I  
**First Prescriber to Print Patient Name and Check Label Correct:** \_\_\_\_\_

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Facility: \_\_\_\_\_  
 Ward: \_\_\_\_\_

Applicable for all types of diabetes in pregnancy, including Type 1 Diabetes Mellitus (T1DM), Type 2 Diabetes Mellitus (T2DM), and Gestational Diabetes Mellitus (GDM).

**Intrapartum: use Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record**

**Do not use this guide if:**

- Diabetic ketoacidosis (DKA); OR
- Using own Continuous Subcutaneous Insulin Infusion (CSII) pump.

**All types of diabetes**

- Aim for blood glucose level (BGL) 4–7 mmol/L
- Escalating care

Condition		Action
BGL	Greater than or equal to 10.1 mmol/L	Notify doctor and check ketones
	Two consecutive BGLs greater than or equal to 8.1 mmol/L	Notify doctor
	Less than 4 mmol/L	Treat hypoglycaemia (refer to page 4) and notify doctor and midwifery team leader
Blood ketone greater than or equal to 0.6 mmol/L		Notify doctor
Urinary ketone greater than or equal to moderate, or greater than or equal to ++		Notify doctor
Unwell, vomiting, abdominal pain (not labour pain)		Notify doctor and check ketones

**T1DM**

- **Managed by specialist obstetric medicine / endocrinology or local expert staff specialist**
- Individualise care
- BGL at least 7 times per day (fasting, pre-main meals, and one or two hours post main meals as per local protocol)
- Consider blood or urine ketone level on admission
- **Antenatal: Do not withhold insulin, high risk of DKA and fetal mortality**
- Notify specialist of admission and birth
- **Postpartum:**
  - » Do not recommence pharmacotherapy at pre-birth or pre-pregnancy dose—insulin requirements decrease rapidly after birth, high risk of hypoglycaemia
  - » Specialist review prior to recommencing insulin
  - » Suggested recommencement dose: When BGL greater than 10 mmol/L, recommence insulin at half pre-pregnancy dose
  - » If no postnatal insulin prescribed, contact specialist

**T2DM requiring pharmacotherapy and GDM requiring pharmacotherapy**

- BGL at least 4 times per day (fasting, and one or two hours post-main meals as per local protocol)
- **Postpartum:**
  - » Do not recommence pharmacotherapy at pre-birth or pre-pregnancy dose—insulin requirements decrease rapidly after birth, high risk of hypoglycaemia
  - » GDM—cease pharmacotherapy
  - » T2DM—review pharmacotherapy requirement prior to recommencing pharmacotherapy
  - » Continue BGL pre-meals and 21:00 for 24 hours then review

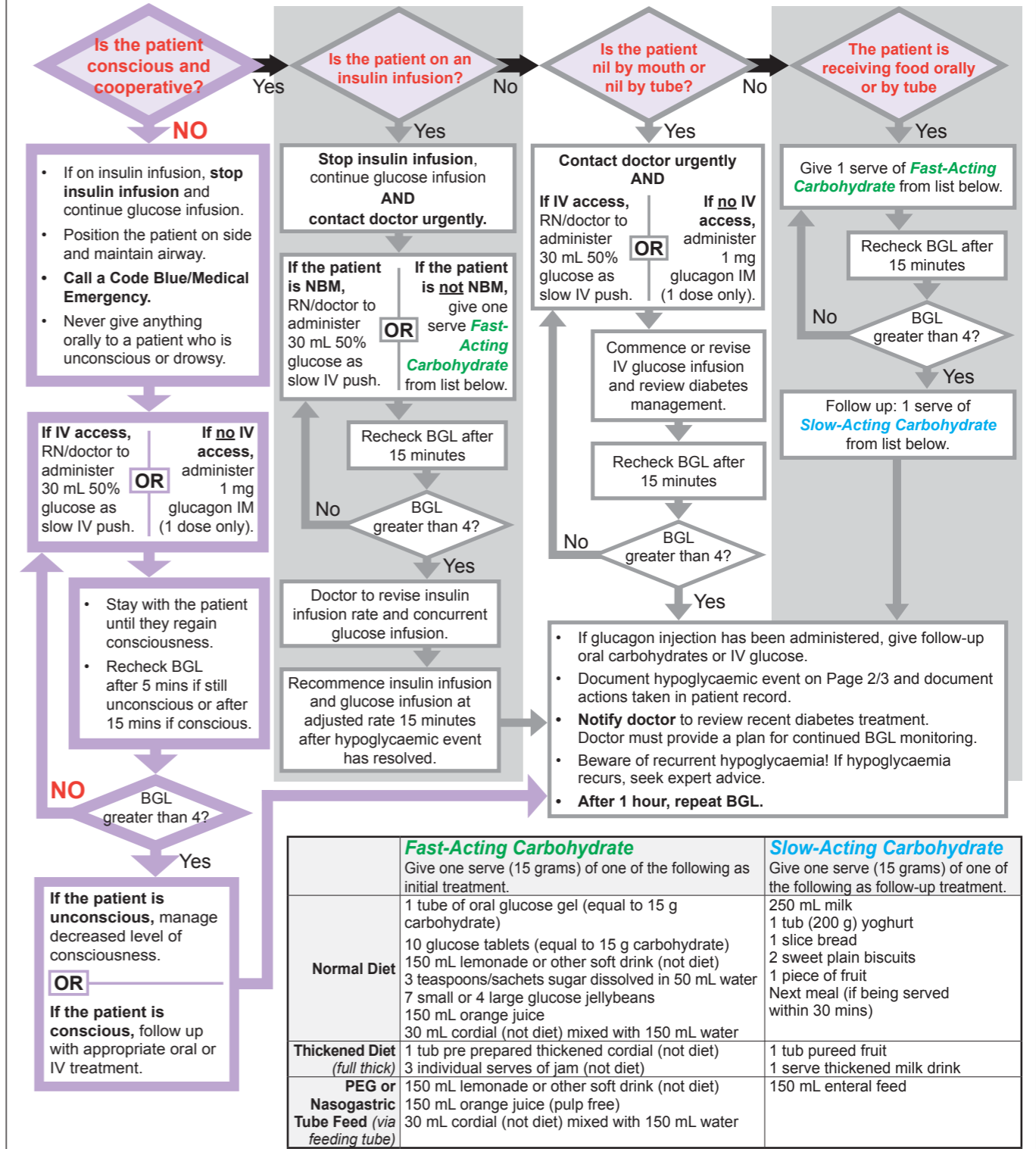
**T2DM diet controlled and GDM diet controlled**

- BGL at least 4 times per day (fasting, and one or two hours post-main meals as per local protocol)
- **Postpartum:**
  - » GDM—cease BGL monitoring
  - » T2DM—BGL pre-meals and 21:00 for 24 hours then review

INSULIN SUBCUTANEOUS (MATERNITY) ORDER AND BLOOD GLUCOSE RECORD

# Insulin Subcutaneous (Maternity) Order and Blood Glucose Record

**Guidelines for treating hypoglycaemia (BGL less than 4 mmol/L)**



	Fast-Acting Carbohydrate	Slow-Acting Carbohydrate
	Give one serve (15 grams) of one of the following as initial treatment.	Give one serve (15 grams) of one of the following as follow-up treatment.
<b>Normal Diet</b>	1 tube of oral glucose gel (equal to 15 g carbohydrate) 10 glucose tablets (equal to 15 g carbohydrate) 150 mL lemonade or other soft drink (not diet) 3 teaspoons/sachets sugar dissolved in 50 mL water 7 small or 4 large glucose jellybeans 150 mL orange juice 30 mL cordial (not diet) mixed with 150 mL water	250 mL milk 1 tub (200 g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece of fruit Next meal (if being served within 30 mins)
<b>Thickened Diet (full thick)</b>	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
<b>PEG or Nasogastric Tube Feed (via feeding tube)</b>	150 mL lemonade or other soft drink (not diet) 150 mL orange juice (pulp free) 30 mL cordial (not diet) mixed with 150 mL water	150 mL enteral feed

**Guidelines for diabetes treatment review following treated hypoglycaemia**

- Provide a plan for continued BGL monitoring.**
- Review diabetes management for causes of hypoglycaemia and correct avoidable causes.
    - If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemia recurs.
    - If the cause is not identified or cannot be corrected and:
      - hypoglycaemia has occurred **within** 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day
      - hypoglycaemia has occurred **outside** 4 hours after mealtime insulin, reduce the basal insulin dose by 20%.
  - If the patient is on insulin and is:
    - eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia.
    - on reduced oral intake, consider reducing mealtime insulin dose(s).
- 3. If the patient is on a long-acting oral hypoglycaemic agent:**
- Obtain specialist advice on management as hypoglycaemia can be recurrent or prolonged.
  - Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
  - Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after the last hypoglycaemic episode.
  - If hypoglycaemia recurs, commence IV glucose with titration rate to achieve BGL greater than 4 mmol/L.

Adapted with permission from *Acute Insulin Chart* (v3 12/2021) developed by the Australian Commission on Safety and Quality in Health Care. ACSQHC: Sydney 2021.

**Abbreviations:** BGL Blood Glucose Level IV Intravenous IM Intramuscular NBM Nil By Mouth Subcut Subcutaneous

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