GP Desk Top Guidelines for the Management of Pre-Gestational and Gestational Diabetes Mellitus from Pre-Conception to the Postnatal Period

QUALITY IN PRACTICE COMMITTEE

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Pre-Gestational Diabetes

- All women with diabetes of childbearing age should be offered contraception if not planning a pregnancy.
- The possibility of pregnancy should be discussed at each diabetes consultation.
- All women with diabetes, who are contemplating pregnancy, should ideally be referred for specialist preconception and antenatal care.

Preconception Care
1. Avoid conception until tight glycaemic control achieved. Insulin is preferred to oral hypoglycaemic agents
2. Start Folic Acid 5mg daily
3. Replace or discontinue teratogenic medication e.g. ACE inhibitors, Statins, ARBs
4. Screen for diabetes complications
5. Refer for specialist care
6. Encourage diet & lifestyle modification/ refer to dietician

Antenatal Care
1. Refer for specialist multi-disciplinary care
2. Screen for diabetes complications
3. Self monitoring of blood glucose 7 times a day
4. Maintain normoglycaemia

Postnatal Care
1. Discuss future pregnancies and contraception
2. Discuss diet and lifestyle

This document provides a desktop summary of guidelines which were produced by the HSE. The complete copy of these guidelines are available in the ICGP Library catalogue at http://www.icgp.ie/library_catalogue/index.cfm/id/54224/event/catalogue.item.view.html
**Gestational Diabetes**

Women known to be at high risk of developing gestational diabetes include those who:
- Have had previous gestational diabetes
- Have had a baby weighing over 4.5 kilos
- Have a strong family history (parent or sibling with diabetes)
- Have marked obesity – especially abdominal obesity
- Are members of a population group with a high prevalence of diabetes
- Have a macrosomic foetus, polyhydramnios or glycosuria in their current pregnancy.

Identified at risk women should be screened for GDM between 24-28 weeks using 75g OGTT (116mls Polycal) with bloods drawn fasting, one hour and two hours post Polycal.

Any abnormality in any of the 3 tests are indicative of GDM.

If GDM is suspected at any gestation – perform OGTT immediately.

**If OGTT negative**
1. **before 24 weeks:** repeat OGTT between 24-28 weeks
2. **between 24-28 weeks:** continue routine antenatal care
3. **after 28 weeks:** repeat OGTT if GDM suspected

**If OGTT positive**
1. Refer for combined Diabetes-Obstetric Care
2. Educate regarding diet, lifestyle modification and diabetes management
3. Monitor glycaemic control
4. Plan of care as for T1DM / T2DM once on insulin therapy

**Postnatal Care**
1. Perform 75g OGTT at 6 weeks postnatal
2. If negative, perform OGTT yearly thereafter
3. If positive, consider referral if necessary

**Postnatal Advice**
1. Risk of T2DM in future
2. Risk of GDM in future pregnancies
3. Diet & lifestyle modification
4. Normoglycaemia prior to all future pregnancies