



CLINICAL GUIDELINE

Diabetes: Antenatal Monitoring Plan for Women with GDM Treated with Metformin or Insulin / Antenatal Monitoring Plan for Women with Type Diabetes, Type 1 or Type 2

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	n/a
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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Antenatal monitoring plan for women with GDM who require treatment with Metformin or Insulin

This applies to women with	
• gestational diabetes treated with metformin or insulin	•

Gestation (weeks)	Diabetic team	Midwife	Obstetrician	Ultrasound	HbA1c
PREGNANCY					
First visit during pregnancy	*	*	*	AC/EFW + LV+ Doppler if first visit at 28 or later	*
24	*	*	*		
28	*	*	*	AC/EFW + LV + Doppler	
32	*	*	*	AC/EFW + LV + Doppler	
36	*	*	*	AC/EFW + LV + Doppler	
38	*	*	*		
40		*	*		

Most women will be monitored with this plan of a core of 4 weekly review visits from diagnosis till 36 weeks and scanning at 28, 32 and 36 weeks. GGC has limitations re scan availability so the plan is that women who have their GDM treated with diet alone will not receive any extra scans. Additional visits to the diabetes team alone for review of home blood glucose monitoring will be arranged as needed- usually at least one additional visit immediately after commencement of monitoring. This will be supplemented by weekly telephone contact with Diabetes Specialist nurse. Fundoscopy and assessment microalbuminuria is only required if there is strong suspicion of pre-existing diabetes.

Antenatal monitoring plan for women with type 1 or type 2 diabetes

Gestation (weeks)	Diabetic team	Midwife	Obstetrician	Ultrasound	CTG	HbA1c	Eyes	Micro-alb
PRE-PREGNANCY								
First Pre-pregnancy visit	*	*	*			*	*	*
PREGNANCY								
First Visit during pregnancy	*	*		Arrange fetal viability scan @ 7-8 weeks		*	(* if not already documented normal pre-pregnancy in last 6 months)	*
Subsequent Visits < 10 weeks	*							
Booking 10-12	*	*	*	Booking +/- NT		*		
14	*							
16	*	*						
18	*							
20	*	*	*	Anomaly Scan		*	*	*
22	*							
24	*	*	*					
26	*							
28	*	*	*	AC/EFW+LV+Doppler		*	*	*
30	*	*						
31	*							
32	*	*	*	AC/EFW+LV+Doppler		*		
33	*							
34	*	*	*					
35	*							
36	*	*	*	AC/EFW+LV+Doppler		*	*	*
37	*	*			*			
38	*	*	*	AC/EFW+LV+Doppler (if undelivered)				

The plan for delivery should be discussed and finalised at 36 weeks.

Women with certain complications may require more frequent monitoring e.g. evidence of macrosomia (fetal AC>95th centile), IUGR, microvascular complications (microalbuminuria or retinopathy greater than stable BDR), antihypertensive treatment, previous stillbirth, multiple pregnancy, poor diabetic control

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