

Labour protocol for: **GDM or Type 2 patients controlled on diet alone**

GDM or Type 2 patients requiring less than 0.5 units of insulin per kilogram per day during pregnancy

Start protocol when either active labour starts, or if NPO or if scheduled for cesarian delivery at 0600 hr on day of cesarian delivery:

Monitor glucose by capillary meter q 1 - 2 hours.

If glucose is ≤ 5.6 mmol/L check q 2 hours

If glucose is > 5.6 mmol/L check q 1 hour

If glucose > 6.5 mmol/L for two consecutive readings, use I.V. insulin as for a Type 1 diabetic patient.

Postpartum for all GDM patients:

1. Resume normal diet.
2. Check glucose postpartum day one (2 hour postprandial) to confirm euglycemia, if greater than 8.0 mmol/l call diabetes care giver. If Type 2 DM use CDA diet (1800 kcal/day) and check glucose once daily 2 hour postmeal.
3. Give laboratory requisition for OGTT at 6 weeks postpartum. If Type 2 DM do not need OGTT, lab req. given for A1c, lipid profile, microalbumin/creatinine ratio and TSH.
4. Instruct patient to telephone for results of OGTT or make appointment for pregnancy diabetes clinic in 8 weeks.

Date: _____

Signed: _____