

Postnatal pathway for women with diabetes

eden

 RELEVANT FOR PRIMARY CARE

Insulin treatment

Women with insulin-treated pre-existing diabetes should **REDUCE their insulin** immediately after birth and monitor their blood glucose levels to find the appropriate dose.



Type 1 and breastfeeding

Women with pre-existing type 1 diabetes who are breastfeeding should **REDUCE their insulin doses** and be made aware of the risk of hypoglycaemia whilst feeding



Type 2 and breastfeeding

Women with pre-existing type 2 diabetes who are breastfeeding can **RESUME/CONTINUE metformin** immediately after birth, but should **AVOID other oral blood glucose-lowering treatments**



Other medications and breastfeeding

Advise women to continue to **AVOID** medication that were discontinued for safety reasons in pregnancy (eg ACE inhibitors / statins).

Routine care

REFER women with pre-existing diabetes back to their routine diabetes care arrangements



GDM treatment

Women who have been diagnosed with GDM should **STOP blood glucose-lowering therapy** immediately after birth.



Diabetes screening

Women who were diagnosed with GDM:

- **OFFER** a fasting plasma glucose test 6 to 13 weeks after the birth to exclude diabetes
- or an HbA1c test 13 weeks after the birth, if a fasting plasma glucose test is not possible



Diabetes prevention

OFFER diabetes prevention programmes to ALL women who had GDM in pregnancy



For further information contact:

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Abbreviations:

GDM – gestational diabetes

OGTT – oral glucose tolerance test

Hypo – hypoglycaemia

CGM – continuous glucose monitoring



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