

# Diabetes in Pregnancy: Obstetric Care

6-8 weeks (\*Type 1 IDDM only)

Early pregnancy USS to confirm viability

Further early pregnancy scans required if uncertain viability

## BOOKING VISIT 10+6 - 13+6 weeks (all patients)

Review medical and obstetric history

Identify risk factors:

1. Vascular complications of diabetes (e.g. retinopathy, nephropathy)
  2. Previous pregnancy complications (e.g. shoulder dystocia, C/S)
  3. Other medical co-morbidities or BMI > 40
- \*\*Refer to anaesthetist\*\***

Send spot **urine for albumin:creatinine ratio** each visit if history of nephropathy

Review notes from previous deliveries particularly if operative delivery and **document relevant information in current notes**

**Increased maternal surveillance** required if significant medical co-morbidities e.g. hypertension

### Perform USS

Confirm viability

Number of fetuses/chorionicity

Confirm gestational age/EDC with appropriate measurements (CRL)

**Increased fetal surveillance required if multiple pregnancy**

**Fetal anomaly USS (21 weeks)**

Discuss and complete request form for **all patients**

**Fetal echocardiogram**  
(\*patients on insulin only)

Discuss and arrange referral to Belfast if appropriate

**Prenatal screening/diagnosis**  
(\*only if maternal age > 35 years)

Discuss and arrange triple test/amniocentesis if appropriate

**Patients on insulin - R/V@24 weeks**

**Patients NOT on insulin- R/V@28 wks**

**\*\*Patients commenced on insulin at any stage during pregnancy need increased surveillance\*\***

**Arrange earlier R/V if significant co-morbidity or multiple pregnancy**

## 21 weeks (all patients)

Fetal Anomaly USS

Assess whether structural anomalies are present

**\*\*\*Obstetric review only required if anomaly detected\*\*\***

## 24 weeks (\*Insulin only)

Fetal surveillance	Baseline fetal growth Document HC, AC and plot EFW
Maternal surveillance	Blood pressure Urine dipstick +/- ACR

**\*\*Patients commenced on insulin at any stage during pregnancy need increased surveillance\*\***

## 28 weeks (all patients)

Fetal surveillance	Growth (document HC, AC and plot EFW) AFI and Umbilical Artery Doppler
Maternal surveillance	Blood pressure Urine dipstick +/- ACR

## 32 weeks (\*Insulin only)

Fetal surveillance	Growth (document HC, AC and plot EFW) AFI and Umbilical Artery Doppler
Maternal surveillance	Blood pressure Urine dipstick +/- ACR

**\*\*\*Consider increased fetal well-being scans and regular CTG monitoring if:\*\*\***

- poor glycaemic control
- reduction in insulin requirements
- hypertension
- renal disease
- fetal growth problems (either IUGR or macrosomia)

## 34 weeks (all patients)

Fetal surveillance	Growth (document HC, AC and plot EFW) AFI and Umbilical Artery Doppler <b>Placental location if "low" at 21 wk USS</b>
Maternal surveillance	Blood pressure Urine dipstick +/- ACR

**Fetal AC measurement at 34 weeks is strongly correlated with birth weight**

**\*\*Patients NOT on insulin may require increased fetal surveillance if evidence of macrosomia\*\***

## 36 weeks (\*Insulin only)

Fetal surveillance	Growth (document HC, AC and plot EFW) AFI and Umbilical Artery Doppler
Maternal surveillance	Blood pressure Urine dipstick +/- ACR

Discuss mode of birth, taking into account previous obstetric history

**Consider elective C/S (\*Type 1 IDDM only) if:**

EFW >4250gms or

Fetal AC measurement >40mm than HC

## 37 weeks (all patients)

### Fetal surveillance

AFI and Umbilical Artery Doppler

Measure growth **ONLY** if not done within previous 2 weeks (i.e. patients not on insulin)

### Maternal surveillance

Blood pressure  
Urine dipstick +/- ACR

### Assess for IOL if vaginal delivery planned (\*patients on insulin only)

Offer IOL between 38-39 weeks gestation  
(\*patients on insulin only)

### Arrange date if elective C/S planned (ALL patients)

Patients on insulin C/S between 38-39 weeks  
Patients not on insulin C/S @39 weeks

## 39 weeks (\*patients not on insulin)

### Fetal surveillance

Growth  
AFI and Umbilical Artery Doppler

### Maternal surveillance

Blood pressure  
Urine dipstick

### Assess for IOL if planned for vaginal delivery

Offer IOL around 40 weeks gestation