



PERINATAL FORUM



Diabetes in Pregnancy - New Findings, New Challenges -

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Perinatal Institute

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Summary of clinical management in each trimester

First Trimester: 1-12 weeks

- Intensive glycaemic control, HbA1c% every 2 to 4 weeks
- Folic acid 5mg daily
- Retinal screening: skilled direct ophthalmoscopy, digital camera if significant retinopathy
- BP and urine for blood, protein and leucocytes at each visit

Summary of clinical management in each trimester

Second Trimester: 13-24 weeks

- Intensive glycaemic control, HbA1c% every 2 to 4 weeks
- Retinal screening: skilled direct ophthalmoscopy, digital camera if significant retinopathy
- BP and urine for blood, protein and leucocytes each visit
- Anomaly scan

Summary of clinical management in each trimester

Third Trimester: 25-40 weeks or delivery

- Intensive glycaemic control, HbA1c% every 2 to 4 weeks
- Folic acid 5mg daily
- Retinal screening: skilled direct ophthalmoscopy, digital camera if significant retinopathy
- BP and urine for blood, protein and leucocytes each visit.

Summary of clinical management in each trimester

Third Trimester: 25-40 weeks or delivery

- Serial ultrasound surveillance, maternal physical examination (cardiovascular, respiratory)
- Discuss birth plans, minimise risk of mother and baby separation.
- If steroids are needed increase insulin, usually by 40%
- Encourage breast feeding for the usual reasons and specifically to reduce the risk of type 1 diabetes in the baby.