

PRINTER: Cut sheet on dotted line exactly (at 75)

Care during labour and after the birth

Labour and delivery

Your healthcare team should advise you to have your baby in a hospital that can provide appropriate care for your baby 24 hours a day. Your healthcare team should discuss with you the risks and benefits of vaginal birth, induced labour and caesarean section. It is important that your blood glucose is well controlled during labour and birth, to help prevent your baby's blood glucose level becoming low following birth. Therefore during your labour, your blood glucose will be monitored closely by your healthcare team. You may need to have an insulin infusion (drip) during labour. This is where a continuous amount of insulin is fed into your blood through a tube.

Care of your diabetes after your baby is born

Your body will need less insulin to control your blood glucose level after your baby is born.

Gestational diabetes

If you have gestational diabetes, you can usually stop treatment once your baby is born. Before you go home from hospital your blood glucose level should be tested to make sure that it has returned to normal. You should be offered a test to check if you still have diabetes, usually about 6 weeks after your baby is born. Ask your healthcare team how this is arranged. Your healthcare team will also give you information about changing your lifestyle, including diet, exercise and weight control. You are at risk of having diabetes in pregnancy again and you should be offered a test for diabetes when planning a future pregnancy.

Pre-existing diabetes

If you previously had diabetes, you can go back to your usual treatment once your baby is born. If you use insulin you should reduce the amount of insulin, and monitor your blood glucose levels carefully until you are taking the correct dose of insulin. If you plan to breastfeed your baby, then discuss any treatments before you start to take them. You should go back and see the person who usually monitors your diabetes treatment.

Care of your baby

Hypoglycaemia

Some babies born to mothers with diabetes may have low blood sugars for a few days after they are born. This is more likely if your blood sugars have not been easy to control. You should start feeding your baby as soon as possible after birth (within 30 minutes). Your baby should have his or her blood glucose level tested, using a special hospital test, 2 to 4 hours after birth to make sure it is not too low. If this is low, he or she will need careful monitoring and may need extra feeds. Sometimes babies are moved to the special care baby unit for closer monitoring. This does not mean your baby has diabetes.

Jaundice

This is a condition that can make your baby's skin look yellow. It is a normal process and does no harm. However, if your baby becomes very sleepy with green or pale stools, a heel prick test may be required to check the level of jaundice in the blood. This will show the amount of serum bilirubin and if this is high, it can be treated in hospital using special lights. You will be advised according to your individual circumstances.

Infant feeding

Breastfeeding is best for babies. Your specialist team will support you if you wish to breastfeed. If you continue to take insulin, you may need lower doses. Keep food nearby to eat before or during breastfeeding, as your blood sugar may be lower than usual. Insulin is safe to take if you are breastfeeding. Some tablets for diabetes and other conditions should not be started until you have stopped breastfeeding. Discuss this with your healthcare team.

Will my baby be born with diabetes?

Having diabetes or gestational diabetes does not cause your baby to be born with diabetes.

Planning your next pregnancy

See your GP as soon as you start thinking about having another baby, before you stop taking contraception. Good diabetes control will help to prevent problems. Ask your GP for folic acid 5mgs daily. If you or anyone in your household smokes, you should stop - if you need help with this, see your GP. If you have existing diabetes it is important that your GP refers you to your local diabetes pre-pregnancy service before you become pregnant again.



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Management plans

Intrapartum

<p>Details</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p>Insulin sliding scale</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Blood glucose</th> <th style="text-align: center;">Insulin rate/hour (mls/h)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">0 - 4</td><td></td></tr> <tr><td style="text-align: center;">4.1 - 6</td><td></td></tr> <tr><td style="text-align: center;">6.1 - 8</td><td></td></tr> <tr><td style="text-align: center;">8.1 - 10</td><td></td></tr> <tr><td style="text-align: center;">10.1 - 12</td><td></td></tr> <tr><td style="text-align: center;">12.1 +</td><td></td></tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">For glucose < 4.0 mmol/l stop infusion for 15 minutes and treat hypoglycaemia, preferably orally, or 50 mls glucose 20%, or by temporarily increasing the glucose 5% infusion rate by 50 mls/hour, re-check blood glucose in 30 minutes.</p>	Blood glucose	Insulin rate/hour (mls/h)	0 - 4		4.1 - 6		6.1 - 8		8.1 - 10		10.1 - 12		12.1 +	
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0 - 4															
4.1 - 6															
6.1 - 8															
8.1 - 10															
10.1 - 12															
12.1 +															
Wishes to breastfeed Yes <input type="checkbox"/> No <input type="checkbox"/>															
Date <input style="width: 80px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Signature* <input style="width: 500px;" type="text"/>														

Pre-existing diabetes - post birth plan

BF = Breakfast; L = Lunch; E = Evening; BT = Bedtime

Insulin, OHAs and other medication	BF	L	E	BT	Signed*

Gestational diabetes - post birth plan

Stop insulin immediately after the birth

Mother to continue recording blood sugars: Yes No Frequency

Need for fasting blood glucose/GTT: Discussed Arranged

Date of postnatal appointment with specialist team / / Time

Date / / Signature*

* Signatures must be listed on page I for identification

Name
Unit No