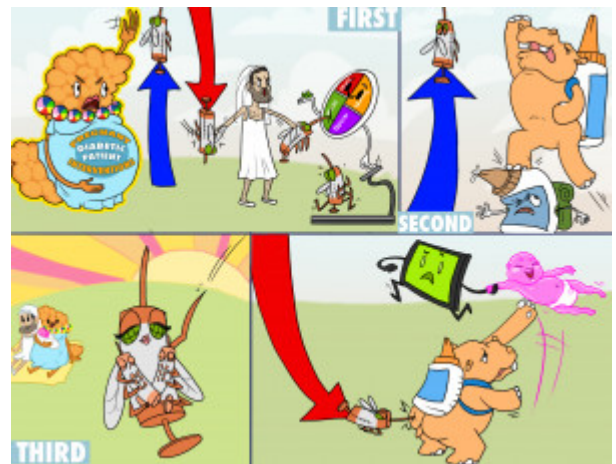


## Pregnant Diabetic Patient Interventions (OLD VERSION)

Women who become pregnant may already have diabetes (either Type 1 or 2 or pregestational [diabetes that existed before pregnancy]) or may become diabetic while pregnant, which is called gestational diabetes mellitus (GDM). Women with GDM may or may not have to take insulin. Most women with pregestational diabetes are insulin dependent during pregnancy.



PLAY PICMONIC

### First Trimester

#### Increase Insulin then Decrease

[Insect-syringe Up-arrow](#) Then [Insect-syringe Down-arrow](#)

During the first trimester, at 3-7 weeks insulin requirements will increase; at 7-15 weeks insulin requirements will start to dwindle.

#### Glyburide

[Guy-bride](#)

An oral hypoglycemic agent such as glyburide (a sulfonylurea) is usually preferred over insulin in management of gestational diabetes mellitus because only small amounts of glyburide cross the placenta.

#### Nutrition

[Nutritional-plate](#)

The woman should be placed on a diabetic diet with proper calories per the pregnant woman's weight. The pregnant woman should be referred to a dietician to assist with this process.

#### Exercise

[Treadmill](#)

Exercise is recommended in pregnant women with diabetes in order to promote cardiac health and may decrease the need for insulin.

### Second Trimester

#### Increase Insulin

[Insulin Up-arrow](#)

In the second and third trimesters, insulin needs to increase exponentially due to the development of insulin resistance.

#### More Likely to Develop Hypoglycemia than Hyperglycemia

[Hippo-glue-bottle Smashing Down Hiker-glue-bottle](#)

Episodes of hypoglycemia can develop rapidly and should be treated with oral intake of carbohydrates or glucagon injection, if she has loss of consciousness or is unable to swallow.

## Third Trimester

### Double or Quadruple Insulin

#### Insulin Doubled

Due to increased insulin resistance, the insulin requirements during the third semester can double or even quadruple. This significant increase requires close monitoring and frequent blood sugar assessment.

### Early Delivery

#### Early-sun Delivery

Women with gestational or preexisting diabetes may go into early labor due to extra stress on the mother and fetus. These stresses include hypertension, poor metabolic control, or uteroplacental insufficiency causing fetal growth restriction.

## Postpartum

### Drastically Decrease Insulin

#### Insulin Down-arrow

After the birth of the fetus, insulin requirements decrease significantly and may normalize very quickly due to the decrease in stress, insulin insufficiency and glucose in the body. In addition, the formation of milk uses up a higher amount of carbohydrates in the body causing maternal glucose levels to be lower.

### Monitor Neonate for Hypoglycemia

#### Monitor Neon-natal Baby for Hippo-glue-bottle

The neonate must be monitored for hypoglycemia after birth as the fetus will have decreased sugar levels once outside of the mother. The fetus' pancreas may have been increasing insulin production to cover the excess sugar received from the mother while in utero. After birth, there is no excess sugar coming from the mother. Remember, sugar passes through the placenta, but not insulin.