

Diabetes in Pregnancy

Patients with Type 1 diabetes.

Women with type 1 diabetes, when they become pregnant, will need to test for ketones. The most cost effective Blood glucose test meters that also test for ketones are the **Glucomen Areo 2K or Caresens Duo meters**. The maternity services will change the patient to one of these meters for the duration of their pregnancy. These women will need to test **at least 8 times a day** so please ensure they have sufficient strips to be able to do this.

Rapid acting analogue insulins have advantages during pregnancy so some patients may be switched from their usual insulin at this time.

Gestational Diabetes.

In line with new NICE guidelines and changes in our local population we have seen an increase in the number of patients with Gestational diabetes. NICE guidelines have decreased the threshold for diagnosing and treating gestational diabetes. This is predicted to lead to an 18% increase in diagnosed patients. Increasing age of mother, increasing number of pregnancies and ethnicity also increase risk of gestational diabetes. These factors have all lead to an increase in the number of diagnosed women in our area.

Patients with gestational diabetes are usually given one of the blood glucose testing meters with under £10 per pot strips. The meters only come with a small number of blood glucose testing strips (BGTS) so they will quickly come and ask for further prescriptions. These women will need to test **at least 4 times a day**. If they are on **insulin they will need to test at least 8 times a day** Please prescribe an appropriate number of strips per month to allow them to do this.

Around a quarter of these women will be given **Metformin MR** to control the diabetes. The reason they are given MR tablets is because Metformin often causes gastro intestinal side effects. In pregnant ladies any abdominal pain or muscle cramps etc. causes anxiety as the mum often returns to the maternity services concerned that they may be a problem with baby. By using metformin MR for this group of patients it reduces side effects, attendance at the maternity services and maternal anxiety.

Women with gestational diabetes will not always have a GTT test. It may be diagnosed in other ways. Women at risk in later pregnancy (those with large unborn baby, or with polyhydramnios) will be given blood glucose testing meters to screen for 5 days to see if they have become insulin resistant. If required, these late diagnosis women will be supplied with sufficient insulin from the hospital to see them through their pregnancy but may also need BGTS from the GP to continue monitoring.

General Advice

Advise women with diabetes who are planning to become pregnant to take **folic acid (5 mg/day)** until 12 weeks of gestation to reduce the risk of having a baby with a neural tube defect

Women with poorly controlled diabetes in pregnancy are more likely to have babies requiring care in Special care baby unit, or still births. This is a high cost to the health economy so spending a little more on their care whilst pregnant pays dividends in the long term.

Please don't hesitate to contact maternity services or Medicine Management Team if you need further information.

Agreed at CCGs Drugs and Therapeutics Committee Dec 2015

Due for review Dec 2017

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