## CARE PROTOCOL: Insulin-dependent Diabetes Mellitus (IDDM)

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Recommended intervention</th>
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| <20 weeks gestation | • As early as possible in pregnancy, contact the provider who normally oversees the patient’s diabetes treatment to establish goals and a plan for caring for the patient in pregnancy.  
• Confirm GA/EDC.  
• Evaluate blood glucose (BG) control:  
  – Check HbA1C.  
  – Review BG records and document adequacy of BG control; adequate control is >75% of BG values in these target ranges:  
    › Fasting value <95 mg/dL.  
    › 1-hour postprandial value <140 mg/dL.  
    › 2-hour postprandial value <130 mg/dL.  
• Check blood pressure (BP) and determine need for treatment; if BP >160/100, initiate antihypertensive therapy:  
  1. Labetalol — first-line medication choice.  
• Obtain baseline results for:  
  – 24-hour urine for total protein and serum creatinine.  
  – Liver function (AST/ALT).  
  – Platelet count.  
• Refer for diabetes education/dietitian consult (see resources page 24).  
• Refer to ophthalmologist for retinal exam.  
• Refer for fetal echocardiogram for any of the following findings:  
  – HbA1c >7%.  
  – Inadequate views of cardiac and outflow tracts on targeted ultrasound.  
  – Suspicious cardiac findings on targeted ultrasound.  
• Establish BG review every 1 to 2 weeks; instruct patient to call if readings are consistently outside target ranges above. |
| 20–28 weeks gestation | • Perform ultrasound to assess fetal growth and AFI at 28–30 weeks GA.  
• Check BP and determine need to initiate or adjust antihypertensive therapy (see first- and second-line choices in row above); consider antenatal surveillance if hypertension or preeclampsia (see schedule in the row below).  
• Repeat 24-hour urine test if evidence of proteinuria on urine dip or concern re: preeclampsia.  
• Evaluate blood glucose (BG) control:  
  – Check HbA1C.  
  – Review patient’s BG records and adjust insulin therapy if >25% BG values are out of target range (see row above for targets).  
• If indications of preeclampsia, IUGR, or PTL:  
  – Admit for evaluation of preeclampsia, insulin drip, and hourly BG assessment; transfer to tertiary care center if appropriate NICU services are not available.  
  – Give steroids. See PTL/PTB Medication Table on page 23.  
  – Give magnesium sulfate. See PTL/PTB Medication Table on page 23.  
  – Give tocolysis for PTL indication. See PTL/PTB Medication Table on page 23. |
| 29–32 weeks gestation | • Check BP and determine need to initiate or adjust antihypertensive therapy (see first- and second-line choices in first row).  
• If indications of preeclampsia, IUGR, or PTL:  
  – Admit for evaluation of maternal/fetal condition. Transfer to tertiary care center if appropriate NICU services are not available.  
  – Give steroids. See PTL/PTB Medication Table on page 23.  
  – Give magnesium sulfate. See PTL/PTB Medication Table on page 23.  
  – Give tocolysis for PTL indication. See PTL/PTB Medication Table on page 23.  
• Evaluate blood glucose (BG) control:  
  – Check HbA1C.  
  – Review patient’s BG records and adjust insulin therapy if >50% BG values are out of target range (see row above for targets).  
• Initiate antenatal surveillance (nonstress test, amniotic fluid assessment, and biophysical profile) per schedule below:  
  – Twice weekly at 32 weeks gestation.  
  – Mild hypertension or preeclampsia — twice weekly at 32 weeks or at diagnosis.  
  – Severe hypertension — twice weekly beginning at 28 weeks. |
| Delivery timing | Delivery will occur at >37 weeks GA unless one of the following occurs:  
• Severe preeclampsia.  
• Nonreassuring results noted on antenatal surveillance.  
• Severe IUGR (<10%) and oligohydramnios (AFI <5 cm). |

### PATIENT EDUCATION MATERIALS

Intermountain fact sheets supporting this risk-specific protocol:  
• Diabetes Care Before and During Pregnancy  
• BG Tracker

Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.