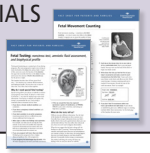
▸ **Click here** to view the complete care process model, ***Prevention and Management of Preterm Birth (Spontaneous and Indicated)***

CARE PROTOCOL: Insulin-dependent Diabetes Mellitus (IDDM)

Gestational age	Recommended intervention
<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. 2. Nifedipine – second-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.*

KEY ACTIONS for providers:

- ☐ Initiate home BG monitoring and review log every 1–2 weeks.
- ☐ Follow delivery timing guidelines in this protocol.