

## Children's Hospital Diabetes Center Provider Guidance for Pregnant Patients

Internal use only

Updated 7.19.24

- Start a prenatal vitamin with iron and folate
- Counsel on smoking and alcohol cessation if needed
- Contact Social Work for urgent referral to Diabetes in Pregnancy Programs
  - Epic inbox pool: p endo social work
  - For urgent needs: 513-708-3420
  - UC MFM: Providers can always call the Maternal Fetal Medicine on call line (this number is not for patients but open for all providers: 513-504-6099).

Diabetes in Pregnancy programs will schedule new patients within 7-10 days.

In the interim:

- Offer a CGM if not using one (call CDCES phone for urgent assistance if needed)
  - If CGM unavailable, instruct to check glucose before meals and 1 hour after
  - Confirm active scripts in the chart for a CGM or monitor
- Continue current insulin regimen until seen by diabetes in pregnancy program.
  - Continue Insulin pump therapy if already on a pump.
  - Advise patients on basal bolus that Lantus/Tresiba may be changed in pregnancy.
  - Continue short acting insulin.
  - Confirm active insulin prescriptions.
- Goals in pregnancy for glucose management are more intensive:
  - Fasting: < 95 mg/dL
  - 1-hour post-prandial: < 140 mg/dL
  - HbA1c < 6%
- Encourage consistent carbohydrate intake and include protein in all meals and snacks.
  - Breakfast 30 grams
  - Lunch and Dinner 45 grams
  - Snacks 15 grams
- Discontinue medications that are NOT recommended in pregnancy (e.g. Statin and ACE-Inhibitors, ARB, GLP-1 receptor agonists, SGLT2 inhibitors, Metformin)