

**(Type 1 and Type 2 Diabetes )**

This advice is also applicable to women with Gestational Diabetes depending on the gestation when this is diagnosed.

- First Appointment (joint diabetes and antenatal clinic at the earliest opportunity after the pregnancy is confirmed)
- Take a detailed clinical history
- Offer information, advice and support on glycaemic control
- Review medication
- Offer retinal and renal assessment if these have not been performed in the previous 12 months



**Booking appointment (ideally by 10 weeks)**

- Confirm viability of pregnancy and gestational age
- Discuss information, education and advice about how diabetes will affect pregnancy birth and early parenting such as breast feeding, and initial care of the baby
- Perform the routine booking tests



**16 weeks**

Offer retinal assessment to women with pre-existing diabetes who had signs of diabetic retinopathy at the first antenatal appointment



**20 weeks**

Offer four-chamber view of the fetal heart and outflow tracts in addition to the routine anatomy scan



**24 weeks**

- Offer routine care only (appointment for nulliparous women)
- Offer serial ultrasound monitoring of fetal growth and amniotic fluid volume and organise the above to be started from 28 weeks



**28 weeks**

- Review the result of fetal growth scan and amniotic fluid volume
- Offer retinal assessment to women with pre-existing diabetes who did not have diabetic retinopathy at their first antenatal clinic visit



**32 weeks**

- Offer ultrasound monitoring of fetal growth and amniotic fluid volume.
- Offer routine antenatal investigations



**36 weeks**

- Offer ultrasound monitoring of fetal growth and amniotic fluid volume
- There must be a documented delivery plan by 36 weeks
- Offer information and advice about the following-
- Timing, mode and management of birth
- Analgesia and anaesthesia (including anaesthetic assessment of women with comorbidities, such as obesity and autonomic neuropathy)
- Changes to antidiabetic medication during and after birth
- Initial care of the baby
- Initiation of breast feeding and the effect of breast feeding on glycaemic control
- Contraception and follow-up



**38 weeks**

- Offer induction of labour or caesarean section if indicated
- Women with Gestational Diabetes who achieve a good glycaemic control with dietary measures alone and have a normal fetal growth and normal liquor volume, may be offered induction of labour at 39 or 40 weeks
- Offer tests of fetal well being for women waiting for spontaneous labour



**39-40-41 weeks**

Offer tests of fetal wellbeing for women waiting for spontaneous labour