Gestational Diabetes
Class A2:
Antepartum
Management (glyburide)

Failed diet/exercise regimen (see box to right)
OR
Type 2 diabetes (not PCOS
1
patients on oral hypoglycemic agents)

Glyburide dispensed as 1.25, 2.5,
5, 10 mg tablets
Maximum dose: 20 mg/day

Greater than 50% of fastings >
130 mg/dl
OR
greater than 50% of postprandial
values > 200 mg/dl

Switch to insulin therapy protocol 3

• Initiate glyburide therapy 4
  If majority of:
  - Fasting values = 95-115 mg/dl: 1.25 mg po q HS (administer at 10 PM)
  - Fasting values = 116-129 mg/dl: 2.5 mg po q HS (administer at 10 PM)
  - 1 hr PP values = 131-165 mg/dl: 1.25 mg po with breakfast
  - 1 hr PP values = 166-200 mg/dl: 2.5 mg po with breakfast

• Recheck sugars in one week
• Hypoglycemia education (refer to handout)

Recheck values in one week

> 50% fastings < 95 mg/dl
> 50% postprandials < 130 mg/dl 7

Yes

Fasting values low: give half q HS dose
Postprandial values low: give half AM dose

Review sugars Q 2 weeks

> 25% of fasting values < 70 mg/dl
OR
> 25% of postprandial values < 100 mg/dl

Yes

No

Yes

> 50% fastings of 95-129 mg/dl, increase bedtime dose by:
  - 2.5 mg if values 95-114 mg/dl
  - 5.0 mg if values 115-129 mg/dl

> 50% 1 hr PP values 131-199 mg/dl, increase morning dose by:
  - 2.5 mg if values 131-165 mg/dl
  - 5.0 mg if values 166-199 mg/dl

If lunch postprandials 131-199 mg/dl, give additional dose (1/2 breakfast dose) with lunch 4

• Recheck one week

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References

1) Tran ND, Hunter SK, Yankowitz, J. Oral hypoglycemics agents in pregnancy. Obstet Gynecol Surv 2004; 59: 456-62. Although metformin has been shown to be safe throughout pregnancy in patients with PCOS, the evidence thus far is not sufficient to support its use in pregnant diabetics without PCOS.

2) Gabbe SG, Graves CR. Management of diabetes mellitus complicated pregnancy. Obstet Gynecol 2003;102: 857-68. Patients should be monitored to determine the efficacy of treatment. ... Should fasting glucose values be 95 mg/dl or more, or the one-hour values 130-140 mg/dl or more...additional intervention will be required.

3) Chmait R, Dinise T, Moore TR. Prospective observational study to establish predictors of glyburide success in women with gestational diabetes mellitus. J Perinatol 2004: 24 (in press). Of women treated for gestational diabetes, those who failed glyburide therapy and needed insulin were noted to have a mean fasting values > 126 mg/dl and mean one hour OGTT values > 200 mg/dl.


Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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