



## References

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- 7) Moore TR. Diabetes in Pregnancy. **Maternal-Fetal Medicine: Principles and Practice.** 5<sup>th</sup> ed. Saunders: Philadelphia: 2004,1023-61. *Boluses should be programmed to limit postprandial serum glucose excursions to  $\leq$  130 mg/dL.*
- 8) Langer O. Oral hypoglycemic agents in pregnancy: Their time has come. **J Matern Fetal Neonatal Med 2002; 12: 376-83.** *Sulfonyureas bind to specific receptors on beta cells, forcing closure of potassium ATP channels and opening of calcium channels that cause an increase in cytoplasmic calcium, stimulating insulin release.*

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### *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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