APPENDIX A: Monitoring Glycemia and Insulin Requirements: Immediate Postpartum and Post Discharge (consensus suggestions)

Diabetes Type	Immediate Postpartum (1 to 3 days)			Post Discharge	
	Monitoring Glycemia		Insulin Requirements	Monitoring Glycemia	Insulin Requirements
	Capillary	Venous/A1C	Insulin	Capillary/Venous/A1C	Insulin
Type 1	• Monitor every 2-4 hours until eating; then qid (ac meals and hs snack – 2200 hours) plus 0300 hours for 3 days • Diligent checking while diabetes in flux	• No need	• Decrease basal to ⅓ of current dose or ½ of pre-pregnancy dose. • Decrease CHO:insulin ratio (e.g., 1 unit/15 g CHO or 1 unit/20 g CHO). • As insulin resistance returns, titrate up appropriately.	• Capillary monitoring more frequent in presence of breastfeeding. • A1C q 3-6 months, as per usual care. *Note: Diabetes is not new to this population. Within one week, expect resumption of self-management behaviors.*	• As insulin resistance returns, titrate up appropriately.
Type 2 (This represents a spectrum of patients where management in the pre-pregnancy and pregnancy periods can vary from lifestyle only to MDI)	• Monitor every 2-4 hours until eating; then qid (ac meals and hs snack – 2200 hours) plus 0300 hours while in hospital	• No need	• Due to increased insulin sensitivity, hold or reduce insulin. • The pre-pregnancy treatment regimen may help to guide the post pregnancy treatment; i.e., the more agents/insulin prior to pregnancy will predict the likelihood of requiring insulin after.	• Capillary testing will be required to determine the adequacy of the treatment plan; then as per usual care. • A1C q 3-6 months, as per usual care.	• The postpartum therapy will most likely equal the pre-pregnancy therapy. • In general, if the woman is not breastfeeding, she will require, at the very least, the therapy that she used prior to pregnancy.
GDM • Insulin requiring	• qid (ac meals and hs snack) for 24 hours – If normal, stop – If elevated, continue qid until discharge	• No need	• Stop insulin	• 6-week OGTT *Note: If breastfeeding, the OGTT may be normal. Repeat post breastfeeding.*	N/A
	• For suspected type 2 DM, if pre-meal values > 10 mmol/L, continue qid	• A1C not helpful, as A1C reflects control during pregnancy	• Hold insulin (no immediate harm to mother or baby) • If blood glucose remains elevated, consider metformin or basal insulin and adjust accordingly.	• Capillary testing will be required to determine the adequacy of the treatment plan; then as per usual care. • A1C cannot be used to guide care until > 3 months.	• Depends on post pregnancy dysglycemia.
• Non-insulin requiring	• No post delivery testing required	• No need	N/A	• 6-week OGTT	N/A