Medication Dosing Guidelines for Diabetes In Pregnancy

Need for mutliple daily dose insulin therapy in pregnancy
- Continue self testing
- FBS and 1-2 hour PP self glucose testing
- consider add pre-prandial self testing as indicated

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Calculate total daily dose (TDD)
a) (units /kg based on EGA) (kg current weight) = TDD (units)
- or -
b) total daily dose from insulin drip, etc

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Divide total daily dose
a) 60% TDD long acting (Lantus q day) + 40% TDD (aspart/lispro divided ac each meal)
or
b) '2/3 - 1/3' rule (NPH and regular)*
or
c) 60% TDD long acting insulin (NPH bid or daily Lantus) + CHO:insulin ratio ac meal dosing of aspart/lispro
[CHO:insulin ratio: 500/TDD ~ # grams CHO 'covered' by 1 unit of insulin]

Adjust dose every 2-3 days or more for >30% values above target range
Limit total dose increase to < 20% of TDD

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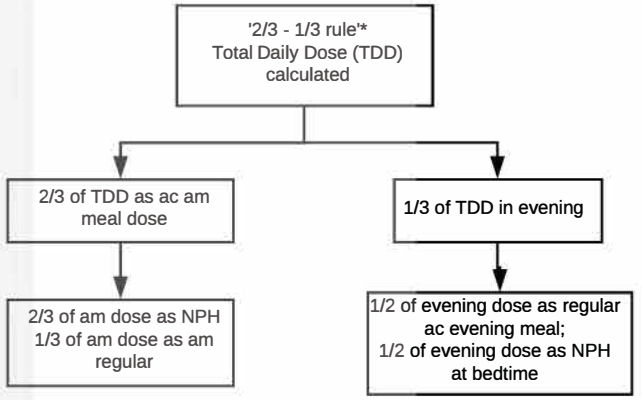
Correction Factor (CF) adjustment if indicated
- apply correction factor ac meals or > 3 hours after last dose of aspart/lispro for glucose above target
- CF: g/dl coverage by 1 unit of insulin

Correction factor (regular): 1500/TDD : g/dL glucose covered by 1 unit of regular insulin
Correction factor (lispro/aspart): 1800/TDD : g/dL covered by 1 unit of aspart/lisopro insulin

Using correction factor pre-meal insulin:
1) obtain ac glucose
2) calcuate g/dL above target goal
3) (g/dL difference)/correction factor = # units of insulin to add to premeal usual insulin dose

Total Insulin Daily Dose General Guideline (TDD)[2,4,5]
Pre-Pregnancy 0.6u/kg
1st trimester 0.7u/kg
2nd trimester 0.8u/kg
3rd trimester 0.9u/kg
Term 1.0u/kg
Lactation 0.2u/kg[19]
Non-pregnant 0.5u/kg



Oral Agents

Agent	Dose size Dose/day (mg)	Dose interval	Peak/duration (hrs)
Glyburide	1.25, 2.5, 5mg tabs 1.25-20 mg/day	QD-BID	4/12-24
Metformin	500, 850, 1000mg 1000-2550mg/day	BID-TID	2-3/12-18
Metformin Extended Release	500,750 1000-2000mg/day	QD-BID	4-8/24

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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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