PIPADOR REVISION

MRCOG Part 1 Revision Notes

Diabetic Medications

PHARMACOLOGY • LECTURE 387

VISUAL EXAMINATION REVISION NOTES

2026 Edition

387

MRCOG PART 1 REVISION NOTES | PHARMACOLOGY

Diabetic Medications

Insulin and glucose-lowering drugs — mechanisms, adverse effects and use in pregnancy (NICE NG3)

Insulin	Metformin	SGLT2 / GLP-1	5 mg
Mainstay in pregnancy	Safe — T2DM & GDM	Stop before conception	Folic acid pre-conception

■ KEY FACTS: Learning objectives

- Describe the mechanisms and adverse effects of insulin and oral/injectable glucose-lowering drugs.
- Describe their use in pre-existing diabetes and GDM (NICE NG3).
- Describe intrapartum and postnatal management.

387.1 Drug classes

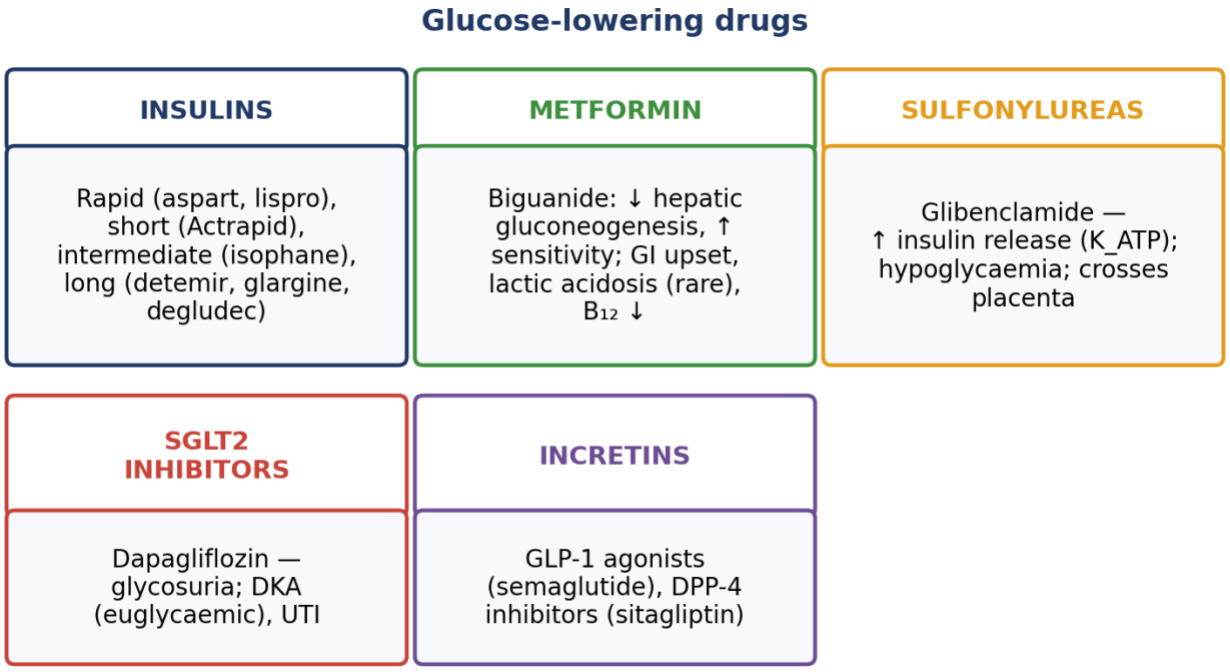


Figure 387.1 — Glucose-lowering drugs

- Insulin adverse effects: **hypoglycaemia** (↑ in 1st trimester, impaired awareness), weight gain, lipohypertrophy.
- Metformin crosses the placenta; long-term offspring data reassuring (possible ↑ childhood weight); stop if eGFR low, dehydration, contrast.

387.2 Pregnancy

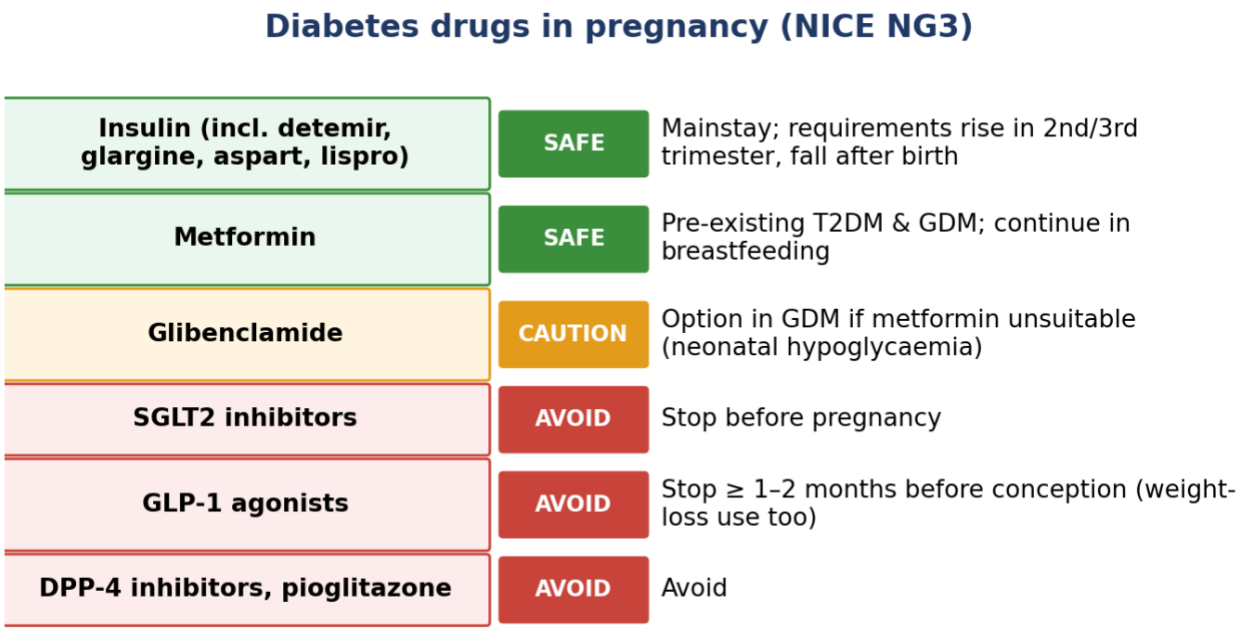


Figure 387.2 — Diabetes drugs in pregnancy

Situation	Management (NICE NG3)
Pre-conception	• HbA1c < 48 mmol/mol if safe (avoid pregnancy if > 86) • Folic acid 5 mg • Stop teratogenic/unsafe drugs (statins, ACEi, SGLT2, GLP-1) • Retinal/renal screening
Type 1	• Basal-bolus or pump • CGM offered • Ketone testing • Requirements ↑ from ≈ 16 wk
Type 2	Metformin ± insulin
GDM	• Diet/exercise → metformin (if fasting < 7 mmol/L) → insulin • Insulin first if fasting ≥ 7 or complications
Targets	Fasting < 5.3; 1 h post-meal < 7.8 (or 2 h < 6.4) mmol/L
Intrapartum	• VRIII/glucose to keep 4–7 mmol/L • Neonatal glucose monitoring (feed early)
Postnatal	• GDM: stop treatment, fasting glucose/HbA1c at 6–13 wk • Pre-existing: reduce insulin immediately (hypoglycaemia risk, breastfeeding)

387.3 Must-know summary

■ EXAM TIP

- Insulin + metformin are the pregnancy drugs; glibenclamide an option in GDM.
- Avoid SGLT2 inhibitors, GLP-1 agonists, DPP-4 inhibitors in pregnancy.
- GDM: diet → metformin → insulin; targets fasting < 5.3, 1 h < 7.8.
- Insulin requirements fall sharply after birth — reduce doses.

■ MNEMONIC / MEMORY AID

'Insulin & Metformin — In; the newer ones — out'.