

Covid19, Gestational Diabetes and Pregnancy

People who are pregnant or recently pregnant (within 6 weeks of birth, miscarriage, or termination) may be experiencing heightened levels of anxiety and distress in the context the current Covid-19 pandemic. Primary, secondary and tertiary maternity services continue to function during the pandemic; however, service delivery methods are adapting based on current national Covid 19 Protection Framework or “traffic lights”.

There is a need to balance the sometimes competing need to lower the risk of direct viral transmission against the potential adverse impact of service changes. Monitoring for exposure, minimising risk through vaccination, physical distancing, and hand hygiene, along with screening patients/clients pre-appointment are all important aspects of reducing viral spread in the current pandemic climate.

The use of telehealth, including phone and video consultations where appropriate, ensure continuity of care and minimise service disruption. They are also useful to improve ease of access to clinicians for those who are contacts, cases, geographically remote, or concerned about attending face to face consultations.

It is suggested pregnant people may be more susceptible to Coronavirus, while those with gestational diabetes may have more severe symptoms⁴. According to the ‘Centres for Disease Control and Prevention’ (CDC), “Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19”¹

Women with Gestational Diabetes will likely benefit from knowing how Covid 19 may affect their pregnancy. The information, and possibly more importantly the way it is presented, may help to alleviate anxiety and distress during these uncertain times.

Pregnancy is a hypercoagulable state. Covid 19 is also a risk factor for venous thromboembolism (VTE). Type 1 Diabetes appears to be an independent risk factor for VTE²; however, Type 2 Diabetes is not clearly a risk³. Isolation may reduce exercise and activity, further increasing VTE risk. Check with your local DHB maternity services what their recommendations are regarding enoxaparin (Clexane) use for covid 19 positive pregnant people.

¹ <https://www.endocrineweb.com/conditions/gestational-diabetes/pregnancy-gestational-diabetes-covid-19>

² Type 1 diabetes is associated with an increased risk of venous thromboembolism: A retrospective population-based cohort study

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2735343/>

⁴ [Pregnant and Recently Pregnant People | CDC](#)

New Zealand Ministry of Health guidelines for Maternity care and Covid 19

The clinical care pathway provides guidance for clinicians when managing COVID-19 positive, pregnant people in the community.

The 'Care Framework for pregnant people isolating in the community for COVID-19' (Care Framework) provides guidance for clinicians on the roles and responsibilities of health professionals when managing COVID -19 positive pregnant people.

The clinical care pathway and Care Framework have been updated to reflect emerging evidence on the Omicron variant and its impacts on pregnancy.

More detailed information is available:

- Clinical care pathway for managing COVID-19 positive pregnant people in the community (see [NZ Community Health Pathways – COVID-19 pregnancy pathway](#))
- [Care Framework for pregnant women and people isolating in the community for COVID-19 – depending on gestation and clinical risk stratification \(PDF, 196 KB\)](#)
- The College of Midwives has a range of supporting resources and information to support midwives (see [New Zealand College of Midwives – COVID-19](#))

Maternity service Provision under the Traffic light system

Visit <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-pregnant-people-and-those-who-have-recently-given-birth> for up to date information on the current service framework and it's impact on service provision

For government advice for maternity service sector visit <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-maternity>

Advice for Pregnant and Recently Pregnant People with Gestational Diabetes who are current Covid Cases or household contacts

- Let your midwife, obstetrician and diabetes team know you have COVID or are a household contact of a positive case
- Work with your health profession to keep your blood glucose values within the target range
- Make sure you have access to sufficient supply of your regular medications/insulin
- Have a supply of paracetamol to avoid high fever, which may pose a risk to the unborn child. Paracetamol is safe in pregnancy
- Sleep and rest is important
- Eat and drink adequately following guidelines for nutrition in diabetes in pregnancy

Additional Resources and information

<https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-pregnant-people-and-those-who-have-recently-given-birth>

COVID-19 and self-care strategies for women with gestational diabetes mellitus
2020, Fatemeh Moradi a, Akram Ghadiri-Anari b, Behnaz Enjezab

Endocrinology in the Time of Covid 19. Diagnosis and management of gestational diabetes mellitus, Shakila Thangaratinam^{1,2}, Shamil D Cooray ^{3,4}, Nithya Sukumar⁵, Mohammed S B Huda⁶, Roland Katrien Benhalima⁹, Fionnuala McAuliffe¹⁰, Ponnusamy Saravanan ^{5,11} and Helena J Teede ^{3,4} *European Journal of Endocrinology*. (2020) 183, G49–G56

Resource compiled by:

Elle Dagley
Nurse Practitioner
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