Alaska Native Medical Center - PROBLEM: Diabetes Mellitus in Pregnancy (outpatient management)

Gestational DM Class A-1		CDM Change Manitar Cook > 700/			
<u>Definition</u> : Diet controlled diagnosed during pregnancy		GDM Glucose Monitor Goal: >70%			
□ Nutrition Consult		normal			
☐ Exercise physiologist consult		Fasting glucose < 95 mg/dL			
☐ Home glucose monitoring (fasting and postprandial)		1 hour post prandial < 140 mg/dL			
Ultrasound		2 hour post prandial < 120 mg/dL			
□ 20-22 weeks					
29-33 weeks (Consider low dose insulin if abdominal circum	oference > 00th percentile)				
Monitoring	nerence <u>></u> 90 percentile)				
☐ Kick counts at 32 weeks					
	a managara diatisiana and inta	rated pharmasists can increase soveress)			
Prenatal visits: Every 4 weeks* until 36 weeks, then weekly (*case managers, dieticians, and integrated pharmacists can increase coverage)					
Delivery: 40-41 weeks if in adequate control	DM aritaria at 6 wasks and than	EDC a 2 year			
Post partum: 75 gm OGTT evaluated by non-pregnant adult ADA	Divi Ciliella at 6 weeks and then	rrg q 3 year			
Gestational DM Class A-2					
<u>Definition</u> : Unsuccessful control of blood glucose levels following	two weeks of nutritional counseli	na			
□ Ongoing nutritional counseling □	two weeks of flutilitional counself	19			
· · · · · · · · · · · · · · · · · · ·	Possible initial insulin regimens				
Exercise physiologist consult	1. Short (1/3) and intermediate (2	P/3) Insulin: 2/3 ā breakfast:1/3 ā			
☐ Home glucose monitoring (Goal ≥ 70% normal BS)	dinner	2,0,			
☐ Insulin therapy, Metformin, Glyburide	First trimester 0.8 units/kg				
(counsel oral agents not FDA approved)	Second trimester 1 units/kg	· · · · · · · · · · · · · · · · · · ·			
	Third Trimester 1.2 units/kg				
Ultrasound	2. NPH 20 units q AM, 10 units	with dinner			
□ 20-22 weeks		Regular 5-10 units 30 min before meals or Lispro 5-10 units			
☐ At diagnosis and then every 4 weeks	with meals	ore means or Lispro 3-10 units			
Monitoring (see monitoring flowsheet)		with masie			
☐ Kick counts at 32 weeks (*case managers,	dieticians, and integrated pharm	acists can increase coverage)			
☐ 32 weeks NST twice weekly and amniotic fluid volume (AFV		3 ,			
Prenatal visits: After glycemic control then every 2 weeks* until 3					
Inadequate control (< 70% normal BS) – weekly					
Delivery: If good early dating, then cervical ripening at 39 weeks		normal) then 38 wks			
Post partum: 75 gm OGTT evaluated by non-pregnant adult ADA					
root partam.	Em ontona at o woode and then	11 5 4 5 3541			
Dragostational or Overt Diabetes Mallitus Diagna	and this program				
Pregestational or Overt Diabetes Mellitus Diagno					
☐ Insulin therapy, Metformin, Glyburide (counsel oral agents r	ot FDA approved)				
 Ongoing nutritional counseling 	Diagnosis				
 Exercise physiologist consult 		, Hgb Alc, or fasting plasma glucose (FPG)			
□ Ophthalmologic exam	1 Visit. Naridorii gideose	, rigb Aic, or lasting plasma glucose (i i o)			
☐ Fetal echo - 18-24 weeks	Overt DM				
☐ MFM Consult for known Type I or Type II					
	Hab No > 6 5%				
	Hgb Alc ≥ 6.5%				
	FPG ≥ 126 mg/dL	200 mg/dl Leanfirmation			
Admission criteria	FPG ≥ 126 mg/dL	: 200 mg/dL + confirmation			
Admission criteria poor adherence or persistent hyperglycemia, ketoacidosis	FPG ≥ 126 mg/dL Random plasma glucose ≥	: 200 mg/dL + confirmation			
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Admission criteria poor adherence or persistent hyperglycemia, ketoacidosis pyelonephritis or severe infection, hypertension or pre-eclampsia	FPG ≥ 126 mg/dL Random plasma glucose ≥ Indeterminate Results If Hgb Alc 5.7-6.4%, or Ra	ndom glucose140-199 mg/dL,			
Admission criteria poor adherence or persistent hyperglycemia, ketoacidosis pyelonephritis or severe infection, hypertension or pre-eclampsia Labs: Baseline – Cr, BUN, 24 hour urine (protein & CrCI)	FPG ≥ 126 mg/dL Random plasma glucose ≥	ndom glucose140-199 mg/dL,			
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Patient Identification:	Lab/Ultrasound Results		
	Name	Initials	