

**Alaska Native Medical Center - PROBLEM: Diabetes Mellitus in Pregnancy** (outpatient management)**Gestational DM Class A-1****Definition:** Diet controlled diagnosed during pregnancy

- Nutrition Consult
- Exercise physiologist consult
- Home glucose monitoring (fasting and postprandial)

**Ultrasound**

- 20-22 weeks
- 29-33 weeks (Consider low dose insulin if abdominal circumference  $\geq$  90<sup>th</sup> percentile)

**Monitoring**

- Kick counts at 32 weeks

**Prenatal visits:** Every 4 weeks until 36 weeks, then weekly**Delivery:** 40-41 weeks if in adequate control**Post partum:** 75 gm OGTT evaluated by non-pregnant adult ADA DM criteria at 6 weeks and then FPG q 3 year

GDM Glucose Monitor Goal:  $\geq$ 70% normal  
 Fasting glucose < 95 mg/dL  
 1 hour post prandial < 140 mg/dL  
 2 hour post prandial < 120 mg/dL

**Gestational DM Class A-2****Definition:** Unsuccessful control of blood glucose levels following two weeks of nutritional counseling

- Ongoing nutritional counseling
- Exercise physiologist consult
- Home glucose monitoring (Goal  $\geq$  70% normal BS)
- Insulin therapy, Metformin, Glyburide (counsel oral agents not FDA approved)

**Ultrasound**

- 20-22 weeks
- At diagnosis and then every 4 weeks

**Monitoring** (see monitoring flowsheet)

- Kick counts at 32 weeks
- 32 weeks NST twice weekly and amniotic fluid volume (AFV) q week

**Prenatal visits:** After glycemic control then at least every 4 weeks until 36 weeks, then weekly

Inadequate control (&lt; 70% normal BS) – weekly visits

**Delivery:** If good early dating, then cervical ripening at 39 weeks – if not adequate control (<70% normal) then 38 wks**Post partum:** 75 gm OGTT evaluated by non-pregnant adult ADA DM criteria at 6 weeks and then FPG q 3 year**Possible initial insulin regimens**

1. Short (1/3) and intermediate (2/3) Insulin: 2/3 a breakfast; 1/3 a dinner  
 First trimester 0.8 units/kg  
 Second trimester 1 units/kg  
 Third Trimester 1.2 units/kg
2. NPH 20 units q AM, 10 units with dinner  
 Regular 5-10 units 30 min before meals or Lispro 5-10 units with meals

**Pre gestational or Overt Diabetes Mellitus Diagnosed this pregnancy**

- Insulin therapy, Metformin, Glyburide (counsel oral agents not FDA approved)
- Ongoing nutritional counseling
- Exercise physiologist consult
- Ophthalmologic exam
- Fetal echo - 18-24 weeks
- MFM Consult for known Type I or Type II
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**Admission criteria**poor adherence or persistent hyperglycemia, ketoacidosis  
pyelonephritis or severe infection, hypertension or pre-eclampsia**Labs:** Baseline – Cr, BUN, 24 hour urine (protein & CrCl)  
11-14 weeks PAPP-A / NT or 15-20 weeks quad test**Ultrasound**

- |  |  |
|--|--|
| <input type="checkbox"/> Early first trimester | <input type="checkbox"/> Kick counts start 32 weeks                    |
| <input type="checkbox"/> 20-22 weeks           |  |
| <input type="checkbox"/> Every 4 – 6 weeks     | <input type="checkbox"/> NST twice a week s, AFV q week start 32 weeks |

**Prenatal visits:** daily visits or frequent phone f/u until glycemic control is achieved; at least q 4 weeks till 36 weeks, then weekly**Delivery:** (tailor to Diabetes class)

If good early dating, then cervical ripening at 39 weeks – if not adequate control (&lt;90% normal) then 38 wks

**Diagnosis**1<sup>st</sup> Visit: Random glucose, Hgb Alc, or fasting plasma glucose (FPG)**Overt DM**Hgb Alc  $\geq$  6.5%  
FPG  $\geq$  126 mg/dL  
Random plasma glucose  $\geq$  200 mg/dL + confirmation**Indeterminate Results**

If Hgb Alc 5.7-6.4%, or Random glucose 140-199 mg/dL, then consider FPG testing prior to 24 weeks

**DM**FPG  $\geq$  126 mg/dL

<b>24-28 wks, or later</b>	75 gm OGTT - one abnormal value
FPG $\geq$ 92 mg/dL	
1HR $\geq$ 180 mg/dL	
2 HR $\geq$ 153 mg/dL	

Patient Identification:

Lab/Ultrasound Results

Name

Initials


