

Clinical Guideline Diabetes, Gestational (GDM)

At first prenatal visit, check HgA1C in all patients. Abbreviations and Definitions Glucose Screening Test (GST): fasting or fed plasma glucose - ≥6.5% value one hour after 50 gram glucose load. ≥5.7% and <6.5% • Gestational Glucose Tolerance Test (GGTT): fasting plasma glucose value one hour and two hours after 75 gram glucose load. BGM: Blood Glucose Monitoring If the first prenatal Add diagnosis "prediabetes" Confirm with fasting blood · Pre-gestational Diabetes: patient with diagnosis of diabetes prior screen is before 24to Problem List. glucose ≥126 OR repeat to pregnancy. 28 weeks and is · BGM: weekly block testing. HgA1C ≥6.5%. DSMES: Diabetes Self-Management Education and Support negative, at 24-28 weeks, perform GST. **Block Testing** –≥180 mg/dL- Add diagnosis "pre-140 - 179 mg/dL gestational diabetes" to Monitoring at different times Begin BGM. Problem List and refer to of the day to identify Perform GGTT ASAP. OB-GYN for management. If patient is reluctant, patterns. may offer GGTT. BGM: fasting and 2 For example, on some days hours after start of meal the patient will check fasting 3x/day. levels, on other days check Patient meets criteria for GDM. (See box.) pre-meal levels, and on other days check levels 1-2 hours post-meal. Add diagnosis "GDM" to Problem List. Give patient GDM booklet and play video on iPad. BGM: fasting and 2 hours after start of meal 3x/day. Order glucose meter and supplies. Order "Refer to Diabetes Internal DSMES" in RAVEN. Weekly phone follow up with DM department. 75% of BGM levels within • Weekly review at high risk OB (HROB) rounds. target range after 1-2 HROB team will change testing and treatment Diagnostic Criteria for GDM weeks? plans as needed. Utilizing Two Hour 75 g GGTT Pregnant patient with any of the following: No Fasting glucose ≥92 mg/dL 1 hour after oral load, glucose ≥180 mg/dL Initiate Medical Therapy. 2 hours after oral load, glucose ≥153 mg/dL Consult OB/GYN for assistance. Refer to Anchorage for delivery. **BGM Targets** Fasting glucose <95 mg/dL BGM: fasting and 2 hours after start 2 hour post-prandial glucose <120 mg/dL of meal 3x/day. 1 hour post-prandial glucose <140 mg/dl Weekly follow-up with DM educators and weekly review at HROB rounds. Patients with Suboptimal Participation in Care Send letter after two weeks of not sending in sugar Yes logs or two weeks of <25% of expected readings. **BGM** Consider admission to monitor blood sugars. targets reached after **Fetal Monitoring** Consider transfer to ANMC at 32 weeks. one week?

Nο

Reassess medication dose and choice.

Consult DM education Team and OB/GYN.

Postpartum Management of All Patients with GDM

- Add diagnosis "History of gestational diabetes" to Problem List.
 At the 6 week postpartum visit, perform two hour 75 gram Oral Glucose Tolerance Test with fasting and two hour blood draws only. NOTE: the criteria are different than in pregnancy.
- As an alternative, at >12 weeks postpartum, check HgA1C.
- · Diabetes screening every three years.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by Clinical Guideline Committee 3/13/23. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact David_Compton@ykhc.org.

- Diet, well-controlled
 - 28 weeks: kick counts.
 - Normal labor management.

• Diet, poorly controlled:

- 28 weeks: kick counts.
- 32 weeks: BPP weekly.
- 38 weeks: Consult OB and consider induction.

· Insulin-controlled:

- 28 weeks: kick counts.
- 32 weeks: weekly BPP.
- 32-35 weeks: transfer to Anchorage.