



Diagnostic Criteria for GDM utilizing two hour 75g GTT

Gestational Diabetes Mellitus
Pregnancy with one or more of the following levels:

Fasting	≥92 mg/dL
1 hour glucose	≥180 mg/dL
2 hour glucose	≥153 mg/dL

- Add appropriate diagnosis to problem list i.e. GDM or pre-gestational diabetes
- Give patient log book to document goals, blood glucose, and food plan.
- Dispense glucose meter and supplies.
- Refer to DM educator (543-6133) for education and Medical Nutrition Therapy.
- Consider referral to diabetes department for Continuous Glucose Monitor placement.
- Patient will record blood glucose levels fasting and 2 hours after 3 meals.
- Review nutrition and physical activity goals.

Non-Adherent Patients

- Send letter after two weeks of not sending in sugar logs or two weeks of <25% of expected readings.
- Consider Northwing admission to monitor blood sugars.
- Consider transfer to ANTHC at 32 weeks.

All patients with GDM get tested at the 6 week post-partum visit with two hour 75 gram GTT. A₁C can be performed as an alternative at >12 weeks post-partum.

Fetal Monitoring

- **Diet-controlled:** kick counts at 28 weeks. Normal labor management.
- **Diet-poor control:** kick counts at 28 weeks. Biweekly NST and weekly AFI after 32 weeks. Consult OB and consider induction at 38 weeks.
- **Insulin-controlled:** kick counts at 28 weeks. Biweekly NST and AFI after 32 weeks. Consult OB for induction at 38 weeks.