

# Diabetes Mellitus Quick Reference Guide



	PRECONCEPTION COUNSELING	SCREENING AND DIAGNOSIS	MANAGEMENT DURING PREGNANCY	ANTENATAL TESTING AND ULTRASOUND	TIMING OF DELIVERY	POSTPARTUM
<b>Pregestational T1DM</b>	<i>MFM primary management or consultation if diabetes is being managed by endocrinology.</i>					
<b>Pregestational T2DM</b>	<ul style="list-style-type: none"> <li>• Goal HgA1c &lt; 7.0%</li> <li>• ACE inhibitor and ARB cessation timing</li> <li>• Search for underlying vasculopathy</li> </ul>	Diagnosis must be made outside of pregnancy	<ul style="list-style-type: none"> <li>• Counsel on glucose goals, medication, exercise, and weight gain</li> <li>• Baseline studies:               <ul style="list-style-type: none"> <li>• 24 h urine collection for protein</li> <li>• CMP</li> <li>• HgA1c</li> <li>• 12-lead EKG (if disease for &gt; 10 yrs or end-organ damage)</li> <li>• dilated eye exam</li> </ul> </li> <li>• Goal glucose (mg/dL):               <ul style="list-style-type: none"> <li>• fasting &lt; 95</li> <li>• 2 h postprandial &lt; 120</li> </ul> </li> <li>• Weight-based insulin given multiple times daily</li> </ul>	<ul style="list-style-type: none"> <li>• Fetal testing: 1-2x/week (depending on glycemic control and vascular disease) beginning at 32-33 wks</li> <li>• Detailed anatomic survey: 20 wks</li> <li>• Fetal echocardiogram: 21-22 wks</li> <li>• US for growth: 28-29 wks and then every 4-6 wks</li> </ul>	Depends upon glycemic control	<ul style="list-style-type: none"> <li>• Return to pre-pregnancy oral agent (if applicable)</li> <li>• If pre-pregnancy insulin, return to first trimester dosing</li> <li>• ACE inhibitor safe with lactation</li> </ul>

# Diabetes Mellitus Quick Reference Guide, cont.

	PRECONCEPTION COUNSELING	SCREENING AND DIAGNOSIS	MANAGEMENT DURING PREGNANCY	ANTENATAL TESTING AND ULTRASOUND	TIMING OF DELIVERY	POSTPARTUM
<b>GDM A1</b>	N/A	<p>Two-step approach for diagnosis:</p> <ul style="list-style-type: none"> <li>• 50 gm, 1 h oGTT at 24-28 weeks &gt; 135 mg/dL, followed by:</li> <li>• 100 gm, 3 h oGTT with 2 out of 4 abnormal results (mg/dL):                             <ul style="list-style-type: none"> <li>• fasting &gt; 95</li> <li>• 1 h &gt; 179</li> <li>• 2 h &gt; 154</li> <li>• 3 h &gt; 140</li> </ul> </li> <li>• Consider diagnosis with 1 h result &gt; 200 mg/dL (see <i>Perinatal Progress</i> Vol. 11 No. 1)</li> <li>• Screen prior to 24 weeks if risk factors present (see <i>Perinatal Progress</i> Vol. 11 No. 1)</li> <li>• Repeat screen at 24-28 wks if no early diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Counsel on glucose goals, medication, exercise, and weight gain</li> <li>• Diabetic education</li> <li>• Goal glucose (mg/dL):                             <ul style="list-style-type: none"> <li>• fasting &lt; 95</li> <li>• 2 h PP &lt; 120</li> </ul> </li> </ul>	No antenatal testing for isolated GDM A1	No role for delivery prior to 39 weeks	<ul style="list-style-type: none"> <li>• 75 gm 2 hr oGTT to diagnose type 2 diabetes vs impaired glucose tolerance at 6 wks post delivery</li> </ul>
<b>GDM A2</b>			<p>Begin weight-based insulin therapy when:</p> <ul style="list-style-type: none"> <li>• Fasting glucose &gt; 105 mg/dL on 3 h oGTT OR</li> <li>• More than 2 weeks of 20% of:                             <ul style="list-style-type: none"> <li>• fasting values &gt; 100 mg/dL</li> <li>OR</li> <li>• 2 h PP &gt; 120 mg/dL</li> </ul> </li> </ul> <p>If insulin is declined, may consider metformin alternative agent (<i>Perinatal Progress</i>)</p>	<ul style="list-style-type: none"> <li>• Fetal testing: Weekly beginning at 32-33 wks</li> <li>• US for growth: 28-29 wks and then every 4-6 wks</li> </ul>	Depends upon glycemic control; for well-controlled GDM A2, no role for delivery prior to 39 weeks	<ul style="list-style-type: none"> <li>• Discontinue insulin or metformin</li> <li>• Assess postpartum day 1 fasting glucose; ongoing testing if glucose &gt; 126 mg/dL</li> <li>• For persistent hyperglycemia, consider metformin and referral to PCP</li> <li>• 75 gm 2 hr oGTT to diagnose type 2 diabetes vs impaired glucose tolerance at 6 wks post delivery</li> </ul>