

## Best Practice Guideline

### GESTATIONAL DIABETES

#### SCREENING

Universal screening	ADA guidelines
Hgb A1c at first prenatal visit INTERPRETATION (POP UP BELOW)	ADA guidelines
2h OGTT at 24-28 weeks INTERPRETATION (POP UP BELOW)	ADA guidelines

#### INTERPRETATION OF HGB A1C VALUES

Hgb A1c < 5.7	Standard 2h OGTT at 24-28 weeks
Hgb A1c 5.7-6.4	Perform fasting sugar <ul style="list-style-type: none"> <li>- Fasting sugar &lt;92, 2h OGTT at 24-28 weeks</li> <li>- Fasting sugar 92-125, patient has gestational diabetes</li> <li>- Fasting sugar &gt;126, patient has pre-existing type 2 diabetes</li> </ul>
Hgb A1c ≥ 6.5	Patient has type 2 diabetes

#### DIAGNOSIS OF GDM MADE IF ANY OF THE FOLLOWING ARE MET:

Fasting ≥ 92mg/dl	ADA guidelines
1hr ≥ 180mg/dl	ADA guidelines
2hr ≥ 153mg/dl	ADA guidelines

#### TESTING AND GOALS OF TREATMENT

<b>Pregestational DM</b>	
Test before breakfast and 1 hr after meals	ADA guidelines
Goal before breakfast ≤90	ADA guidelines
Goal 1 hr after meals ≤140	ADA guidelines
Goal 2 hr after meals ≤120	ADA guidelines
HBA1C : 6-6.5 %, < 6 % optimal	ADA guidelines
<b>Gestational DM (GDM)</b>	

Test before breakfast and 1 hr after meals	ADA guidelines
Goal before breakfast 60-95	ADA guidelines
Goal 1 hr after meals $\leq 140$	ADA guidelines
Goal 2 hr after meals $\leq 120$	ADA guidelines
Urine ketones NOT routinely checked	ADA guidelines

### **TREATMENT**

Diet (Nutritionist consult for all GDM patients)	ADA guidelines
If diet alone is unsuccessful, add NPH or Levemir for basal coverage and/or Humalog/Novolog insulin for meal coverage	ADA guidelines
Other insulin formulations (Lantus, Apidra, degludec insulin) and oral medications are not FDA approved for treatment of diabetes during pregnancy	ADA guidelines

### **FOLLOW UP AND SURVEILLANCE**

2 hour OGTT at 6-12 weeks postpartum in patients with GDM	ADA Guidelines
Women with history of GDM requires life long screening for diabetes or prediabetes every 1-3 years	ADA Guidelines

**References:** ADA Guidelines