

Montefiore Medical Center
Department of Obstetrics & Gynecology and Women's Health

Management of Patients with Gestational Diabetes (GDM): Diet controlled, A1

Purpose: To provide guidelines for management of pregnant women with diet-controlled gestational diabetes.

In addition to routine prenatal care, the care of women with gestational diabetes should include the following:

A. Diabetic Education

All patients diagnosed with GDM should be referred for Diabetes Education at either Diabetes Center of Excellence (DCOE) sites - EPC or at the North Division. The first group session reviews the causes and impact of gestational diabetes and discusses principles of nutrition. Instruction for women regarding capillary blood glucose (CBG) testing is reviewed. The second group addresses additional nutritional needs, correlates blood sugar with food intake, and shares ideas for assisting dietary changes.

EPC: Appointments: 718-405-8200. If questions, please ask for assistance by Tammy Hernandez
Classes are held on the Fifth floor, 1695 Eastchester Rd, Advanced Women's Health Unit
First session is every Wednesday from 9-11,
Second class is the following week Thursday from 9-10:15.
Consultation with MFM and follow-up visits are generally Thursday, but can be arranged for other days as needed.

North Division: Appointments: 718-920-9548
Classes are held on the 3rd floor in the Nursery Conference Room.
First session is held the 1st and 3rd Monday of the month, 11am-1pm
Second session is held on the 2nd and 4th Monday of the month, 11AM-1PM.
MFM Consults and individual education sessions as needed, Thursday 10am-1pm
HR patients can have their meter information downloaded Monday mornings from 10-11am,

Appointments with MFM should be requested when scheduling patients for the Education Class.

B. Nutritional counseling

Additional appointments can be made on an individual basis at a variety of sites with Registered Dietitians (RD) for followup. Appointments can be made for the RD at EPC by calling 718-405-8200. CFCC, FHC, and CHCC have RDs for their registered patients. At Monte North, nutrition counseling is done by the Certified Diabetes Educators (CDE) at the Diabetes Center.

C. Management

- Patients should check their finger sticks 4 times a day: fasting, then 2 hours after breakfast, lunch, and dinner. Additional pre-meal testing may be suggested. Postprandial testing should be 2 hours after the

start of the meal. Logs to document the finger sticks will be distributed at the education session. It would be helpful if glucometers, lancets and glucose test strips are prescribed prior to the class, however DCOE personnel will assist if patients arrive in class without supplies.

- Fasting finger sticks should be < 95mg/dL
- 2-hour postprandial fingers sticks should be <120 mg/dl. If patients find 2 hour testing difficult, try 1 hour postprandial testing. These values should be < 140 mg/dl.
- Control is considered good if 70% of fasting values or 70% of postprandial values are normal. (5/7 for 1 week) Consultation with MFM is recommended if control is suboptimal so that medication can be considered.

D. MFM Consultation

MFM consultation should be arranged upon diagnosis and referral to class for initial evaluation and possible co-management. Patients with well-controlled GDM on diet alone do not need additional consultation with MFM. Co-management between generalists, family practitioners and midwives is appropriate for patients with diet-control. If patients have poor control or medication is required, MFM will continue to co-manage with generalist. Family practitioners and midwives may co-manage specific patients with MFM on an individual basis. Transfer of care to MFM will be determined by MFM in discussion with the referring practitioner.

E. Fetal Surveillance for GDM A1

- A growth scan should be performed at 28-32 weeks or shortly after diagnosis to assess for evidence of accelerated growth.
- A growth scan should be performed at 36-38 wks for delivery planning
- Patients with good control do not need fetal surveillance, however all patients should be instructed to be aware of fetal movements (see Fetal Movement document in Letter section of ASOBGYN). Patients with suboptimal control on diet, LGA on sonogram or other co-morbidities* should be referred for testing at Weiler or North MFAC for NST/BPP at 34 weeks.

F. Delivery

- Patients with well-controlled GDM A1 as evidenced by glucose monitoring and sonogram (AGA fetus with AC<90% and normal AFI) do not have to be delivered before 41 weeks. Antenatal testing at MFAC should begin for post dates at 40 weeks.
- Patients with suboptimal control: Induction of labor (IOL) \geq 39 weeks
- Patients with evidence of LGA: IOL \geq 39 weeks if EFW < 4500 grams and clinically appropriate.
- An EFW \geq 4500 grams is an indication for a Cesarean delivery. A discussion about Cesarean can start at 4000 gm, however and should be documented in chart.

*Comorbidities include (but not limited to) BMI>40, Age >40, hypertension