

GESTATIONAL DIABETES MELLITUS
Guidelines for Screening at Montefiore
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GDM = *any degree of glucose intolerance during pregnancy*
GDM complicates ~5% of all pregnancies
All patients with GDM **MUST** be referred to high-risk OB* for initial evaluation

Screen everyone for diabetes ASAP

Screen all patients with 1-hr test ASAP (dx of pregnancy or initial visit) – this initial screen is for PREEEXISTING DIABETES. If positive, do 3-hr screen. If the 3-hour test is positive refer to high-risk. Patients with a negative early screen should be rescreened at 24-28 wks.

Screen everyone for GDM *between 24-28 wks*

Patients with **GDM in prior pregnancy** are screened with a 3-hr test.
Screen everyone else with a 1-hr test.

1-hr glucola = blood sugar one hour after 50 gram glucose load. The test does not have to be done fasting.

≥ 130 ≤ 200 = positive (do 3-hr test)
>200 have GDM

3-hr test = fasting plus 3 hourly blood sugars drawn after a 100 gram glucose load. There are many criteria for diagnosing GDM. Here are the two most common. **Montefiore now uses the Carpenter/Coustan Criteria.** **[Normal ranges on lab slips often refer to nonpregnant pts.]**

Time	Carpenter/Coustan
FBS	95 mg/dl
1 hour	180
2 hour	155
3 hour	140

Two high values = GDM

Patients with one high value still have an increased risk for macrosomia. Consider repeat 3hr test in 1 month. Check fetal size (**send for ultrasound**).

GDM Management

- Refer to MFM (see Management Document)
- Fax copy of POPRAS and consult form with HMO authorization if required
- Provide a prescription for a Freestyle glucometer and supplies
 - Instruct the patient to test 4 times a day
 - Fasting & 2hrs after breakfast, lunch and dinner
 - Bring record to appt

Importance of testing and treating

Fasting hyperglycemia is associated with intrauterine death in the last 4-8wks of pregnancy. GDM of any severity increases macrosomia and risk for neonatal hypoglycemia, jaundice, polycythemia and hypocalcemia. Treatment of gestational diabetes improves outcomes.

Postpartum testing

Women with GDM are more likely to develop DM. Test woman for diabetes at postpartum exam. Consider additional testing at next well-woman exam. Testing by repeat glucose tolerance test is standard. Use of HbA1C for screening may be considered.

Update 7/12/11 RW