<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>MODERATE RISK</th>
<th>LOW RISK</th>
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<td>Labs: HgA1c, 24 hour urine for creatinine and total protein</td>
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**SYMPTOMS AND LABS**
- OB patients with IDDM on Insulin in poor control
- OB patients with Type 2 diabetes on oral meds in poor control
- Pregnant diabetics with elevated HgA1c above 7
- h/o DKA with this pregnancy

**SUGGESTED PREVISIT WORKUP**
- Transfer care to Women's Health MFM
- Send Prenatal Records
- Blood glucose records
- Labs: HgA1c, 24 hour urine for creatinine and total protein
- EKG or Echo
- Baseline eye exam
- Ultrasounds per MFM protocol

**SYMPTOMS AND LABS**
- OB patient on insulin in good BS control
- Type 2 Diabetes in good BS control
- Newly diagnosed gestational diabetes
- Gestational Diabetes needing medication or insulin

**SUGGESTED WORKUP**
- Prenatal records and ultrasounds
- Blood glucose record
- For IDDM's HgA1c
- 24 hour urine for creatinine and total protein
- EKG or Echo
- Baseline eye exam
- GDM: Nutrition class and glucose monitoring 4 times a day
- Diabetes management with NP

**SYMPTOMS AND LABS**
- OB patient with history of GDM
- OB patient with mild glucose intolerance
- One abnormal value on 3 hour GTT

**SUGGESTED MANAGEMENT**
- Routine prenatal labs and OB visits
- Early 1 hour glucose tolerance testing
- Nutrition class or appointment with Registered Dietitian or Diabetes Educator

**CLINICAL PEARLS**
- Monitor blood glucose 4 x a day FBS and 2 hours after meals
- Target ranges 90 to 105 FBS, below 120 for 2 hour post prandial

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*These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.*