DIABETES IN PREGNANCY REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

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

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

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

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

OB patient with history of GDM

OB patient with mild glucose intolerance

One abnormal value on 3 hour GTT

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

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

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.