

# DIABETES IN PREGNANCY REFERRAL GUIDELINE

Maine Medical Partners - Women’s Health Div. Maternal Fetal Medicine · 887 Congress St, Suite 200, Portland, ME · (207) 771-5549

## 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

**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

## 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

**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

## 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 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