

Guidelines for Diagnosis of Hyperglycemia in Pregnancy – 2011

First Prenatal Visit (< 13 wks)*

Many cases of diabetes or abnormal glucose tolerance are not detected until pregnancy. Early detection reduces complications.

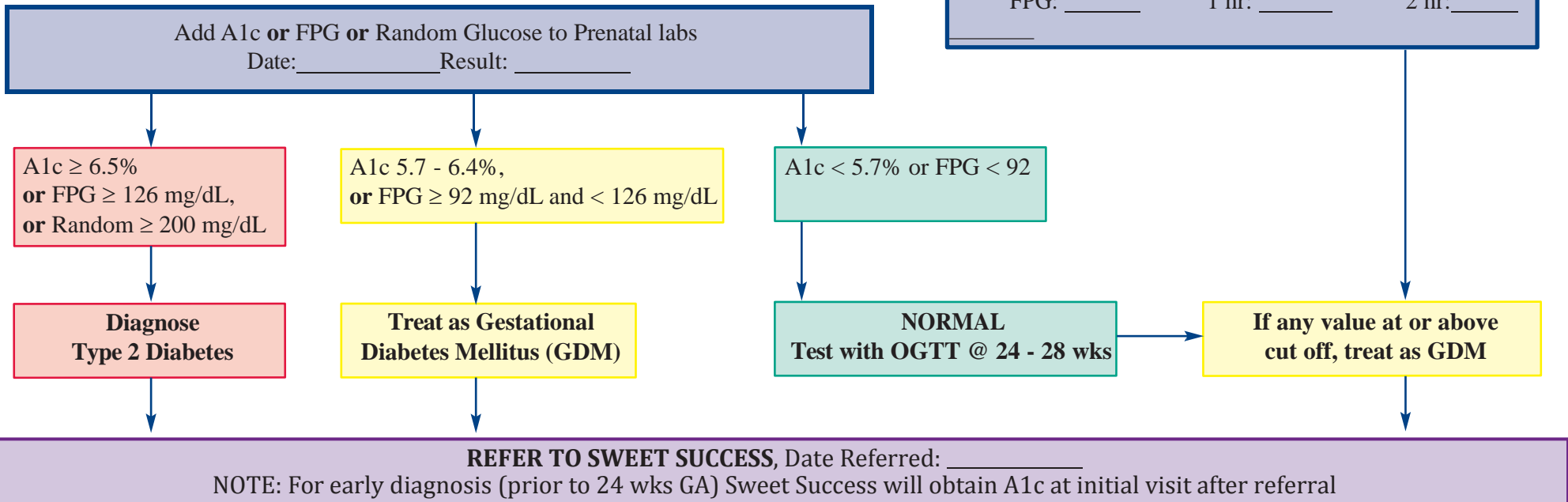
Test: Women who have ANY risk factor:

- Non-Caucasian
- BMI ≥ 25 (at risk BMI may be lower in some ethnic groups)
- History of GDM or pre-diabetes, unexplained stillbirth, malformed infant
- Previous baby 4000 gm or more (8 lbs 13 oz)
- 1st degree relative with DM
- Glucosuria
- Medications that raise glucose (e.g. steroids, betamimetics, atypical antipsychotics)
- Polycystic ovarian syndrome (PCOS), CVD, HTN, hyperlipidemia

ALTERNATE: Test all women for undiagnosed hyperglycemia at the first visit

Universal Testing at 24-28 wks

- 2011 ADA standard is 75 gm 2h OGTT for all women not previously diagnosed with diabetes @ 24-28 wks GA
- Fast 8 - 10 hours, remain seated during test
- Consider adding to third trimester labs



Date: _____
 FPG: _____ 1 hr: _____ 2 hr: _____

*** If entry to care is at 13 - 23 6/7 wks, and risk factors are present, test ASAP with a 75 gm 2h OGTT**



3. International Association of Diabetes Pregnancy Study Groups Consensus Panel. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. Diabetes Care. 2010;33(3):676-682.
 6. American Diabetes Association. Standards of medical care in diabetes-2011. Diabetes Care. 2011;34 Suppl 1:S11-S61.
 10. American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. 2011;34 Suppl 1:S62-S69.
 63. Coustan DR, Lowe LP, Metzger BE, Dyer AR. The Hyperglycemia and Adverse Pregnancy Outcome (HAPO) study: paving the way for new diagnostic criteria for gestational diabetes mellitus. Am J Obstet Gynecol. 2010;202(6):654 e651-e656.