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\(^1\))
- 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\(^1\) 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

Add A1c or FPG or Random Glucose to Prenatal labs

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<th>Date: __________</th>
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- A1c ≥ 6.5% or FPG ≥ 126 mg/dL, or Random ≥ 200 mg/dL
- A1c 5.7 - 6.4%, or FPG ≥ 92 mg/dL and < 126 mg/dL
- A1c < 5.7% or FPG < 92

Diagnose Type 2 Diabetes

Treat as Gestational Diabetes Mellitus (GDM)

NORMAL Test with OGTT @ 24 - 28 wks

If any value at or above cut off, treat as GDM

Refer to Sweet Success, Date Referred: __________

NOTE: For early diagnosis (prior to 24 wks GA) Sweet Success will obtain A1c at initial visit after referral

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