

VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE GUIDELINES FOR THE DIAGNOSIS OF DIABETES IN PREGNANCY

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

It is suggested that universal screening for diabetes during pregnancy occurs using the following testing regimen. This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Pregnancy < 24 Weeks Gestation- Screen with FBS and HgA1c if high risk factors present

	TEST	ACTION
1	FBS < 92 and HgA1c < 5.7	Repeat 1 Hr glucose challenge at 24 weeks
2	FBS 92-125 and HgA1c 5.7-6.4	Treat for Gestational Diabetes Mellitus. No further testing.
3	FBS 126 or greater and HgA1c 6.5 or greater	Overt Diabetes. No further testing

Pregnancy > 24 Weeks Gestation - Screen with 1 Hr Glucose Challenge

1. < 140 mg/DL Normal
2. 140 mg/DL or greater Perform 3 Hr GTT (Normal FBS 95, 1 hr 180, 2 hr 155, 3 hr 140) 2 or more abnormal values required for diagnosis of gestational diabetes.
3. If 1 Hour Glucola is 200 or greater, 3 hour GTT may be omitted and patient presumed to have Diabetes Mellitus.

Postpartum Screening of Gestational Diabetics – Screen with 2 Hr Glucose Challenge at 4 to 6 Weeks

1. < 140 Normal
2. 140-199 Pre Diabetes (Impaired Glucose Tolerance)
3. 200 or greater Diabetes