Obstetric management

In addition to routine prenatal labs and care, the following is recommended for the monitoring of, and intervention for, fetal and obstetric complications of diabetes.

Initial OB visit:

- Nutrition counseling and diabetic education.
- Hgb A1c.
- Renal function assessment - serum creatinine and urine protein/creatinine ratio or 24-hour urine for protein.
- Eye exam by an ophthalmologist, if not completed in the last 6 months.
- EKG — for those with diabetes > 5 yrs or co-morbid conditions.
- Prescribe insulin therapy.
- Prescribe pattern blood sugars.
- Type 1 DM: TSH and free T4.

Subsequent OB visits:

- Visits every 2 weeks in the first and second trimester to evaluate blood sugars. More frequent evaluation may be necessary in those with poor control or requiring multiple insulin adjustments.
- Weekly visits after 28-30 weeks.
- Targeted ultrasound at 18-20 weeks.
- Fetal echocardiogram at 22-24 weeks.
- Ultrasound for fluid and growth approximately every 4 weeks starting at 24-28 wk.
- Hgb A1c each trimester.
- Antenatal fetal testing q week beginning at 32 weeks with NST, BPP, modified BPP or CST. Patients with IUGR, hypertension, diabetic vasculopathy or history of IUFD may warrant earlier and more frequent testing.

Delivery:

- Schedule for delivery between 39-40 weeks with reassuring testing
- Ultrasound for fetal growth within 3 weeks of delivery
- Recommend elective cesarean for estimated fetal weight ≥ 4200-4500 grams
- Assess glycemic control. If there is evidence of poor glucose control, maternal vasculopathy or nephropathy (White’s ≥ D), consider delivery between 38-38⁶ weeks. If evidence of fetal growth restriction, HTN, or other complications develops, earlier delivery should be considered.

Self-monitored Capillary Blood Glucose Goals

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Level (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting</td>
<td>≤ 95</td>
</tr>
<tr>
<td>Premeal</td>
<td>≤ 100</td>
</tr>
<tr>
<td>1-hr postprandial</td>
<td>≤ 140</td>
</tr>
<tr>
<td>2-hr postprandial</td>
<td>≤ 120</td>
</tr>
<tr>
<td>0200-0600</td>
<td>≥ 60</td>
</tr>
<tr>
<td>Mean (average)</td>
<td>100</td>
</tr>
<tr>
<td>Hb A1c</td>
<td>≤ 6%</td>
</tr>
</tbody>
</table>

Specimen Level (mg/dl)

- Fasting: ≤ 95
- Premeal: ≤ 100
- 1-hr postprandial: ≤ 140
- 2-hr postprandial: ≤ 120
- 0200-0600: ≥ 60
- Mean (average): 100
- Hb A1c: ≤ 6%