Screening for Diabetes in Early Pregnancy
Recommended for all Aboriginal Women & Others at Risk

?Known Type Diabetic?

Yes
Treat

No at first PN visit order
1 hour 50 gm glucose screen

Less than 7.8
Repeat 50 gm screen at
24 weeks, sooner if risks
for GDM

Greater or equal to 7.8
Do 2 hour 75 gm GTT

If 2 or more abnormal values
equals GDM
Fasting >5.3 mmol/L
1 Hour >10.6 mmol/L
2 hour >8.9 mmol/L

Greater or equal to 10.3
Treat as GDM
Management of Gestational Diabetes

- **Diabetes Education**
- **Dietary Counselling**
- **Self Blood glucose Monitoring (SBGM)**
- **Physical Activity**

**Investigations**
- Hgb A1c and U/A for protein
- Retinopathy screen (if suspected type 2 DM)
- Early dating U/S, OBS Referral

**Weekly follow-up**
- Inadequate glucose control i.e. 2 hr pc > 6.7
- Start Insulin

**Insulin**
- Lispro: start 2 u ac all meals and titrate
- or Regular: start 2 u amac & pmac and titrate
- NPH: add 2 u hs if FPG > 5.3
  - (with lispro) or amac/pmac (with Regular)

**Referral**
- Endocrinology – if glucose control remains inadequate
- Obstetrics
- Fetal Assessment Unit

**Postpartum:** Re-evaluate with 75g OGGT within 6 months of delivery