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## Diabetes in Pregnancy Program

### GESTATIONAL DIABETES

#### Diabetes in Pregnancy Program-Gestational Diabetes

**Facts:**

- 2-3% of all pregnancies are complicated by Gestational Diabetes[GDM]
- 15% of patients require insulin during pregnancy [Class A2]
- Most will be diet controlled [Class A1]
- Up to 60% of patients with GDM will become overtly diabetic 5-10 years postpartum, thus patients should be screened @ 6 weeks after delivery and yearly thereafter

**Risk Factors Include:**

- Obesity \*
- Positive family history \* [First degree relative]
- History of glucose intolerance \*
- History of a macrosomic baby, stillbirth or congenital anomaly.
- Hispanic, African American, Native American or Pacific Islands ethnicity
- Advanced maternal age

\* Patients with these risk factors should be screened @ 1st prenatal visit and later @ 24-28 weeks



## PREGESTATIONAL DIABETES

- Less than 10% of all women with diabetes in pregnancy have pregestational diabetes.
- Less than 0.5% of women with diabetes in the U.S. receive preconception counseling. Their infants are at significant risk for congenital anomalies.
- Glycemic control pre- and during pregnancy may reduce this risk.
- Patients on oral hypoglycemics should switch to insulin preconception.
- ACE inhibitors should be discontinued preconception.

### *Services Provided by DM in Pregnancy Program:*

- Preconception counseling & management.
- Nutritional counseling by certified perinatal dietitian.
- Diabetic teaching by certified diabetic educators including: risks in pregnancy, glucometer use, injection and insulin administration techniques, exercise counseling.
- Perinatal consultation regarding ante-, intra- and/or postpartum care for women with diabetes.
- Ultrasound services for fetal morphology and if needed, fetal echocardiography.
- Support group meetings for patients and their significant others.
- Services available range from consultation only, co-management, or assumption of total obstetrical and diabetic care.

## Screening for Gestational Diabetes

**1° Post-Glucola [50gm] test at  
24-28 weeks of pregnancy**

**Abnormal 1° PG**  
[  $\geq 140$  mg/dl ] \*  
?

3° Glucose Tolerance Test [100gm]  
?

**Abnormal 3° OGTT** if  $\geq 2$  values  
meet or exceed limits below \*\*

Fasting:	$\geq 95$ mg/dl
1 hour:	$\geq 180$
2 hour:	$\geq 155$
3 hour:	$\geq 140$

**If despite diet therapy:**

Fasting Blood Sugar  $\geq 95$  and/or  
1-2 hr *postprandial* BS  $\geq 120$   
? will require **insulin** treatment

\* If 1° PG  $\geq 190$  no need for 3° OGTT ?

? FBS and 1° postprandial instead

\*\* ADA Clinical practice recommendations &  
4th International Workshop on GDM 1998

### Goals for Blood Sugar During and Pre-Pregnancy

Fasting BS	60-90 mg/dl
Preprandial BS	< 95
1-2 Hr. Postprandial	< 120

## Directions to Our Locations

### *Virginia Beach*

#### **FROM NORTH/WEST:**

From **I -64 East** go to **I-264 East** to Virginia Beach (Oceanfront). Take Exit #7 to First Colonial Road **North**. Go through 7 stoplights (approximately 1.5 miles) and you will see Sentara Virginia Beach General Hospital on the right. Turn right onto Old Donation Parkway and take the first right in the parking lot of the 4 story Sentara Building # 1080. We are on the third floor, Suite 305.

#### **FROM SOUTH/EAST:**

From Suffolk/Chesapeake take I-64 West go to I-264 East and follow directions above.

### *Norfolk*

#### **FROM NORTH/WEST:**

**From I -64 East** go to I-264 West to Norfolk. Exit Waterside Dr. which becomes Boush St. Turn left on Brambleton Avenue and right on Colley Avenue. At 2nd traffic light make left turn at Olney Road into E.V.M.S.

**From I-44 West** follow to I-264 West to Norfolk and follow same directions as above.

#### **FROM SOUTH/EAST:**

From **I-64 West** go to I-464 North to Norfolk and the Berkeley Bridge. Exit on Waterside Dr. and follow directions as above.