

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:

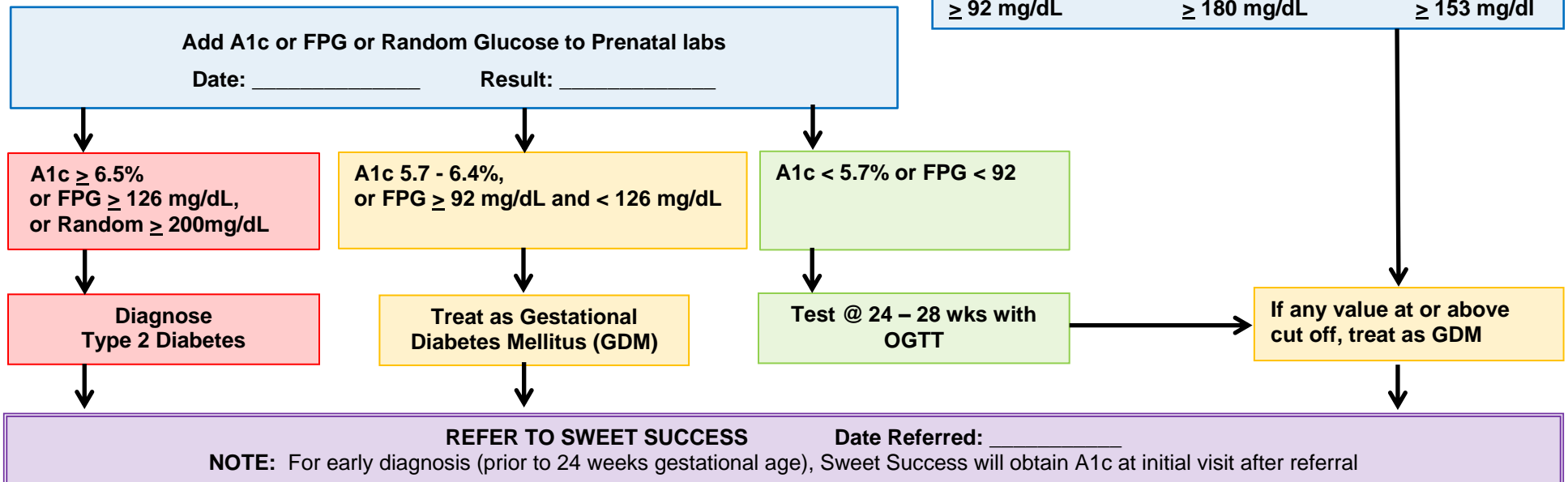
- Non-Caucasian
- BMI ≥ 25 (at risk BMI may be lower in some ethnic groups)¹
- History of GDM or pre-diabetes, unexplained stillbirth, malformed infant
- Previous baby 4000 gm or more (8 lbs 13 oz)
- 1st degree relative with diabetes mellitus
- Glucosuria
- Medications that raise glucose (e.g. steroids, betamimetics, atypical antipsychotics)
- Polycystic ovarian syndrome, cardiovascular disease, hypertension, hyperlipidemia

ALTERNATE: Test all women for undiagnosed hyperglycemia at the first visit

Universal Testing at 24-28 weeks

- 2011 ADA standard is 75 gm 2h OGTT for all women not previously diagnosed with diabetes @ 24-28 weeks gestation¹
- Fast 8-10 hours, remain seated during test
- Consider adding to third trimester labs

***If entry to care 13-23 6/7 weeks and risk factors are present, test as soon as possible with a 75 gm 2 hour Oral Glucose Tolerance Test (OGTT)**



FPG: _____ ≥ 92 mg/dL	Date _____ 1 hr: _____ ≥ 180 mg/dL	2 hr: _____ ≥ 153 mg/dL
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***If entry to care 13 - 23 6/7 weeks and risk factors are present, test as soon as possible with a 75 gm 2 hour OGTT**



1. American Diabetes Association. Standards of Medical Care in Diabetes. Diabetes Care. 2011;34(Suppl 1):S11-S61.
2. American Diabetes Association. Diagnosis and Classification of Diabetes Mellitus. Position Statement. Diabetes Care 2011;34:S62-69.
3. International Association of Diabetes and Pregnancy Study Group Consensus Panel. International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy. Diabetes Care 2010;33:676-82.
4. Coustan DR, Lowe LP, Metzger BE, Dyer AR. The Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study: Paving the Way for New Diagnostic Criteria for Gestational Diabetes Mellitus. Am J Obstet Gynecol 2010;202:654.e1-6.