SMFM Preterm Birth Toolkit

Pregestational Diabetes

Women with pregestational diabetes are at risk for poor pregnancy outcomes including preterm delivery. Much of this will be predicated by glycemic control.

Women may be seen for preconception care either by an endocrinologist, internist, obstetrician-gynecologist or maternal-fetal medicine subspecialist (MFM). These should be elements of that care:
- Referral to MFM/obstetrician-gynecologist for preconception consultation
- Optimize glucose control (e.g. A1C <6% before conception)
- Screen for associated comorbidities (vascular disease, hypertension, obesity)
- Laboratory evaluation: CMP, Pr:Cr ratio, A1C
- Patient education
- Folic Acid preconception
- Lifestyle modifications – nutritional counseling, motivation for weight loss (if indicated), exercise counseling
- Adjust insulin regimen as appropriate to achieve glucose goals

The following are intended for the first prenatal visit:
- Early referral to MFM/obstetrician-gynecologist for consultation, consideration for co-management with endocrinologist
  - Admission in the first trimester during organogenesis for glycemic control
- Baseline labs: CMP, Pr:Cr ratio, A1C
- Screen for associated comorbidities, vascular disease in particular; ophthalmologic exam and EKG (if indicated)
- Tight glucose control; adjust insulin to achieve goals.
- Patient education
- Lifestyle modifications – nutritional counseling, diabetic education
- Plan for antenatal surveillance; msAFP screening, detailed anatomic survey, fetal echocardiogram, screen for appropriate growth restriction, BPPs/NSTs after 32 weeks of gestation
This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine’s (SMFM’s) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

This publication is not expected to reflect the opinions of all members of the Society for Maternal-Fetal Medicine.

Posted 9/16