Society for Maternal-Fetal Medicine

Checklist for Antepartum Care* of Pre-gestational (Type 1 or Type 2) Diabetes

✓ *Patient Safety Checklist* *Created on: 03/15/2016*

This checklist is a general guide for Antepartum Care for patients with Pre-Gestational Diabetes.

Initial Visit

☐ HISTORY: Detailed diabetes history, type of DM, age at onset, complications such as ketoacidosis, hypoglycemia, gastroparesis, nephropathy[1], neuropathy, retinopathy, hypertension, coronary disease, arterial occlusive disease.

☐ EXAMINE lower extremities[1] with attention to signs of altered perfusion (abnormal coloration, decreased pulsation), sensory exam (light touch and pain sensation), and proper fit of footwear.

☐ TEACH patient about relationship between glycemic control on miscarriage, birth defects, and fetal growth.

☐ TEACH patient and family members about recognition and management of hypoglycemia, use of glucagon kit.

☐ VACCINATE for pneumococcus[2] in addition to standard vaccines.

☐ ORDER laboratory tests:

- ☐ Hemoglobin A1c[1].
- ☐ Comprehensive metabolic panel.
- ☐ Thyroid stimulating hormone (TSH).
- ☐ Urinary microalbumin/creatinine ratio[1].

☐ REFER to ophthalmologist/retinal specialist to evaluate and treat diabetic retinopathy[1].

☐ CONSIDER electrocardiogram for patients with longstanding diabetes or other risk factors.

Second Trimester

☐ RECOMMEND low dose aspirin (81 mg/day) for prevention of preeclampsia and fetal growth restriction.[4]

☐ SONOGRAM, including detailed fetal anatomy survey.

☐ CONSIDER fetal echocardiogram in addition to fetal anatomy survey sonogram.

Third trimester

☐ ANTEPARTUM FETAL SURVEILLANCE (e.g., non-stress test, biophysical profile, contraction stress test) starting by 32-34 weeks.

Delivery Planning

☐ SONOGRAM for fetal growth evaluation if needed to plan delivery route.

☐ OFFER cesarean delivery if estimated fetal weight ≥4500 gm[3].

☐ Recommended Delivery Timing[5]:

- ☐ Diabetes well-controlled, uncomplicated: $39^{0/7}$ to $39^{6/7}$ weeks.
- ☐ Diabetes with vascular complications: $37^{0/7}$ to $39^{6/7}$ weeks.
- ☐ Pregnancy complication (fetal growth restriction, preeclampsia, etc.): Timing depends on nature and severity of complication[5].
- ☐ Diabetes poorly controlled: timing of delivery individualized.

* Items on the checklist are *in addition* to routine prenatal care. Routine pregnancy care is assumed (e.g. complete history and exam, routine lab assessments, prenatal vitamins, etc.). Routine diabetes care is assumed, including teaching and follow-up of glucose monitoring, glycemic targets, and medications such as insulin, glyburide, or metformin.

Disclaimer: This checklist reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictation of an exclusive course of treatment or procedures to be ordered.
This checklist can be used as a prospective guide to managing Antepartum Pre-Gestational Diabetic patients and can also be used to audit the performance of a specialist providing comprehensive care for a patient with Pre-Gestational Diabetes.

References

1. Centers for Medicare & Medicaid Services. 2016 Physician Quality Reporting System (PQRS), Measure specification and measure flow guide for claims and registry reporting of individual measures. Online at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_IndivMeasures_Guide_11_17_2015.pdf
2. Swamy GK, Heine RP. Vaccinations for pregnant women. Obstet Gynecol 2015;125:212-26.
3. American College of Obstetricians and Gynecologists (ACOG) Committee Practice Bulletins – Obstetrics. Pre-gestational diabetes mellitus. ACOG (Washington, DC). Practice Bulletin 60, 2005.
4. Lefevre ML, on behalf of the US Preventive Services Task Force. Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia: US Preventive Services Task Force recommendation statement. Ann Intern Med 2014;161:819-26.
5. American College of Obstetricians and Gynecologists (ACOG) Committee on Obstetric Practice. Society for Maternal-Fetal Medicine. Medically-indicated late-preterm and early-term deliveries. ACOG (Washington, DC). Committee Opinion 560, 2013.

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