Checklist for Antepartum Care* of Pre-gestational (Type 1 or Type 2) 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 gm³.
☐ Recommended Delivery Timing⁵:
  ☐ Diabetes well-controlled, uncomplicated: 39⁰/⁷ to 39⁶/⁷ weeks.
  ☐ Diabetes with vascular complications: 37⁰/⁷ to 39⁶/⁷ weeks.
  ☐ Pregnancy complication (fetal growth restriction, preeclampsia, etc.): Timing depends on nature and severity of complication⁵.
  ☐ 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

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