



# Diabetes in Pregnancy

## CHECKLIST



### Preconception/Before Pregnancy

- Those with preexisting diabetes should have preconception care with endocrinologist, maternal-fetal medicine specialist, dietician, and diabetes educator
- Blood glucose should be in normal range before pregnancy to avoid pregnancy-related complications; have contraceptive plan to prevent pregnancy until blood glucose targets are met
- Those with preexisting diabetes should have dilated eye exam before pregnancy or during the first trimester
- Folic Acid Supplement (400ug)
- Review medications and stop all potentially medications that can harm the baby (ACE inhibitors, ARB, statins)
- ECG (heart test) for moms at 35 years with cardiac risk factors or symptoms
- Blood tests – lipid/cholesterol, serum creatinine, urine protein-to-creatinine ratio (kidney function), thyroid hormone levels
- Screening for anemia (low red blood cell count)
- Genetic screening, if applicable
- Infectious disease screening
- Immunizations updated (rubella, varicella, Hep. B, influenza)

### During Pregnancy

- Blood glucose goals <95 fasting, <140 one hour after meals, <120 two hours after meals
- Moms with preexisting diabetes should be prescribed 100-150 mg/day aspirin starting at 12-16 weeks
- Blood pressure should be 110-135/85 mmHg during pregnancy

### Postpartum

- Contraceptive/Birth Control Planning
- Women with gestational diabetes should have screening for diabetes at 4-12 weeks postpartum using 75g oral glucose tolerance test (GTT) and screened for diabetes every 1-3 years for lifetime
- Lifestyle intervention and/or metformin for women with obesity and history of gestational diabetes
- Eye exam for those with preexisting diabetes
- Mental Health Support
- Review of medications that are not recommended while breastfeeding or during childbearing years