

Pregnancy touch point algorithm #2D
Initial prenatal visit- Pregestational diabetes

Type 1
(juvenile) or early
onset Type
2 DM?

No

Continue
Routine Care

Yes

For new patients,
request lab results form
outside source. Do not
reorder tests

History
Glucose control preconception
-review glucose logs (3 months)
-HgbA1C <7%; ideally <6.5%

Medication
-Insulin regimen: insulin pump; multiple daily doses
-Folic acid 5mg/day to begin 3 months preconception until 12 weeks
gestation, decrease to 1mg/day for the remainder of the pregnancy
-Start low dose Aspirin: 80-150+ mg daily (1 or 2 tablets); No later
than 16 weeks; (Optimally at 12 weeks)

Management
of insulin regimen
-Endocrinologist *OR*
MFM

Evaluation for complications
of diabetes

Cardiovascular disease
-Hypertension
Maintain BP<130/80
(Review TPA 2C)

Coronary artery disease
-Screening by cardiologist if one
or both below
->35YO
-duration of diabetes >15 years

Ocular care
-preconception
or at initial visit

Eye exam each
trimester

Retinopathy

Additional labs
-HgbA1C
-TSH & Thyroid Peroxidase antibodies
-CMP
-24hr urine total protein and
creatinine clearance

Normal?

No

-HgbA1C: elevated, change insulin regimen
-TSH/Antibodies: Review TPA 2F
-CMP, 24hr Urine/Creatinine: Referral to Nephrologist

Yes

