AETNA BETTER HEALTH® OF MISSOURI

Gestational Diabetes practice guidelines

The Guideline was adapted from the American College of Obstetricians and Gynecologists (ACOG) to provide treatment guidance to primary care providers and is not intended to replace or preclude clinical judgment. The recommendations in this guideline do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate. Based on the Clinical Practice Guideline developed by (ACOG), Aetna Better Health recommends following:

<table>
<thead>
<tr>
<th>Services</th>
<th>Clinical summary</th>
</tr>
</thead>
</table>
| Initial health assessment | • Gestational diabetes mellitus (GDM) is a carbohydrate intolerance that begins or is first recognized during pregnancy.  
• All pregnant patients should be screened for GDM whether by patient history, clinical risk factors, or laboratory screening to determine blood glucose levels. Clinical risk factors include age, ethnicity, obesity, family history of diabetes, and past obstetric history. The prevalence of GDM increases with advancing gestational age. |
| Screening               | • It has been customary to recommend 50 gm (50 gm of glucose in 150 cc of fluid) 1-hour oral glucose tolerance test (OGTT) to be administered at 24-28 week gestation. The test is obtained without regard to the time elapsed since the last meal. Venous plasma or serum samples are used for the analysis.  
• The threshold for which a diagnostic GTT is recommended is arbitrary. The recommended threshold is 130mg/dL to 140 mg/dL. |
| Diagnosis               | If the 1-hour OGTT exceeds the determined threshold, the diagnostic test specific for pregnancy is the 100-g, 3 hour OGTT. This test is administered in the morning after an overnight fast. Patients should not smoke before the test and should remain seated during the test. Patients should consume at least 150 g of carbohydrates per day for at least 3 days prior to the test. Plasma or serum levels are checked. One of two diagnostic criteria is used: Two Diagnostic Criteria for GDM | 50  
|                         | Plasma or Serum (mg/dL)  
|                         | Carpenter/Coustan  
|                         | National Diabetes Data Group |
| Fasting 95 180 155 140  | 105 190 165 145 |
| 1 hour 180 190  
| 2 hours 155 165  
| 3 hours 140 145  |
• A positive diagnosis requires that two or more thresholds be met or exceeded. |
| Management              | • Fasting and 2-hour values are advised. The optimal frequency of blood glucose testing has not been established. Postprandial glucose values are the most effective in determining the likelihood of macrosomia and other adverse pregnancy outcomes.  
• Exercise: A regular exercise program is advised.  
• Diet: Nutritional counseling is recommended. The American Diabetes Association suggests an average of 30 kcal/kg/d based on pre pregnant body weight for nonobese individuals. In |
women with a BMI > 30, moderate caloric restriction is recommended. If caloric restriction is advisable, the diet should be restricted by no more than 33% of calories.

- Insulin: When medical nutritional therapy has not resulted in fasting glucose levels less than 95 mg/dL or 1-hour postprandial glucose values less than 130-140 mg/dL, or 2-hour postprandial value less than 120 mg/dL, insulin should be considered.
- Oral anti-diabetic agents may be used in pregnancy. Further study is ongoing.
- Fetal Assessment: Antepartum fetal testing is recommended for patients with preexisting diabetes. There is no consensus regarding antepartum testing in women with well controlled GDM. Twice weekly nonstress testing and amniotic fluid volume determinations are commonly done.
- Timing of Delivery: If glucose control is good and no other complications supervene, there is no good evidence to support delivery before 40 weeks gestation. If estimated fetal weight is > 4500g, a cesarean delivery should be considered. If the estimated fetal weight is between 4000g to 4500g, additional clinical factors are helpful in determining mode of delivery.
- Postpartum: All women with GDM should be screened at 6-12 weeks postpartum and managed appropriately. Either a fasting plasma glucose test or the 75 g, 2-hour oral glucose test are appropriate.

| Timeliness of Prenatal and Postpartum care | Once Aetna Better Health is notified that a member is pregnant, the Case Manager will work with the member to assure they receive timely prenatal and postpartum care. This will be measured using the HEDIS measures for Timeliness of Prenatal Care and Postpartum Care. |

References

1. ACOG Practice Bulletin Number 30, September 2001, Gestational Diabetes.

2. ACOG Practice Bulletin Number 60, March 2005, Pre gestational Diabetes Mellitus.


4. ACOG Practice Bulletin Number 137, August 2013, Gestational Diabetes Mellitus.