

Diabetes & Ultrasound Surveillance Memo

Situation:

Pregnant individuals with diabetes require increased antenatal ultrasound surveillance.

Background:

There are differing guidelines regarding the frequency of antenatal ultrasound surveillance for pregnant individuals with diabetes.

Assessment:

The following recommendations reflect our review of the literature, consideration of individual patient risk, and available ultrasound resources in DI and FATC, and will be slight change from the current approach.

Recommendations:

1. Patients with preexisting diabetes (type 1 or type 2) living anywhere in Nova Scotia are eligible for (1) early pregnancy review (EPR) at 12-14 weeks' gestation and (2) detailed fetal anatomic review with extended heart views at 20-22 weeks' gestation in the FATC.
2. Patients with preexisting diabetes (type 1 or type 2) should be seen for assessment of fetal growth and wellbeing at 28, 32 and 36 weeks' gestation, followed by weekly assessment of fetal wellbeing (ex: BPPs) from 36 weeks' until delivery. For those living in HRM or followed by the IWK Pregnancy and Diabetes Clinic, these ultrasounds will be organized in the FATC. For those living outside HRM and not followed by the IWK Pregnancy and Diabetes Clinic, these ultrasounds can be organized in the patient's local DI unit.
3. Patients with diabetes diagnosed in pregnancy that is suspected to be overt diabetes (FPG \geq 7 mmol/L and/or A1c \geq 6.5%) should be managed according to recommendations for pregnant individuals with preexisting diabetes.
4. Patients with gestational diabetes diagnosed less than 20 weeks (whether or not they are managed with diet alone or metformin/insulin), their routine fetal anatomy ultrasound can be completed in their local DI unit.
5. Patients with gestational diabetes managed with metformin/insulin should be seen for assessment of fetal growth and wellbeing at 32 and 36 weeks' gestation, followed by weekly assessment of fetal wellbeing (ex: BPPs) from 36 weeks' until delivery. For those living in HRM or planning to deliver at the IWK, the 32 week ultrasound can be performed in DI, whereas the 36 week ultrasound and subsequent BPPs can be performed in FATC. For those living outside HRM, these ultrasounds can be completed in their local DI unit.
6. Patients with gestational diabetes managed with diet alone should be seen for assessment of fetal growth and wellbeing at 36 weeks' gestation in their local DI unit.

Important Notes:

1. The IWK Pregnancy and Diabetes Clinic will no longer be automatically arranging ultrasounds for patients with GDM. Arranging ultrasound surveillance according to the above recommendations will be the responsibility of the patient’s prenatal care provider.
2. Some patients may have clinical indications for more frequent ultrasound surveillance or for all their ultrasound surveillance to be completed in FATC.
3. If a concern is identified on an ultrasound in DI, referral to FATC can be considered.

If you have any questions or concerns regarding this SBAR, please contact Jillian Coolen at Jillian.Coolen@iwk.nshealth.ca

