

## Gestational Diabetes Mellitus

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*Continuing medical education credit for "Gestational Diabetes Mellitus" will be available through December 2014.*

1. The diagnosis of gestational diabetes mellitus (GDM) is predicated upon:

- A. Insulin dependency
- B. Preexisting glucose intolerance
- C. Onset or recognition during the current pregnancy
- D. Persistence after delivery
- E. Control with only dietary modifications

2. One of the strengths of the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) study was that it controlled for maternal:
- A. Body mass index
  - B. Education
  - C. Health literacy
  - D. Economic status
  - E. Dietary habits
3. The International Association of Diabetes and Pregnancy Study Groups (IADPSG) has recommended that all pregnant women undergo:
- A. Fasting glucose testing only
  - B. 1-hour 50 g oral glucose screening
  - C. 2-hour 50 g oral glucose screening
  - D. 2-hour 75 g oral glucose tolerance testing
  - E. 3-hour 100 g oral glucose tolerance testing
4. The most significant consequence of adopting the IADPSG recommendations for the diagnosis of GDM would be:
- A. Decreased cesarean delivery rates
  - B. Increased numbers of women identified as having GDM
  - C. Decreased health care costs
  - D. Increased false positive rate
  - E. Decreased medical liability rates
5. While utilizing the HAPO study data from 23,000 women to define cutoffs for the diagnosis of GDM, changing the cutoff odds ratio to 2.0 from 1.75 for relevant outcomes would theoretically result in preventing approximately:
- A. Fifty percent fewer women being diagnosed as GDM
  - B. Increased costs for treatment of GDM
  - C. More cases of macrosomia prevented
  - D. More cases of birth injury prevented
  - E. More type 2 diabetes following pregnancy

6. Which of the following findings would suggest preexisting diabetes in a pregnant patient seen at a first prenatal visit made at 10 weeks of gestation?
- A. Fasting plasma glucose level of 110 mg/dL
  - B. Hemoglobin A1c level of 6.7%
  - C. Random plasma glucose level of 140 mg/dL
  - D. A crown-rump length consistent with a fetus at 12 weeks of gestation
  - E. A history of two prior early fetal losses
7. The authors of the article recommend that, in women whose 1-hour 50-g screening value is between 190 mg/dL and 215 mg/dL, a fasting blood glucose level be drawn before administering a 100-g carbohydrate load; if the fasting glucose is greater than 95 mg/dL, you should:
- A. Omit the oral challenge and proceed to hourly sampling
  - B. Decrease the interval of blood glucose sampling to 30 minutes
  - C. Increase the duration of the test to 2 hours
  - D. Repeat the 50-g screening test
  - E. Initiate management for gestational diabetes
8. Regarding the benefits and harms of screening for and treatment of gestational diabetes mellitus, the 2008 guidelines of the U.S. Preventive Services Task Force concluded that there is:
- A. Strong evidence of benefit
  - B. Strong evidence of harm
  - C. Moderate evidence of benefit
  - D. Moderate evidence of harm
  - E. Insufficient evidence to assess benefit and harm
9. Recent clinical trials have concluded that, when compared with routine care, treatment of gestational diabetes is associated with a reduction in:
- A. Fetal mortality
  - B. Maternal morbidity
  - C. Shoulder dystocia
  - D. Neonatal hypoglycemia
  - E. Health care costs

10. Compared to women without diabetes, the risk of a woman with gestational diabetes of eventually developing type 2 diabetes is increased by approximately:

- A. 1.5-fold
- B. Twofold
- C. Threefold
- D. Fivefold
- E. Sevenfold

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