

Grand Rounds Presentation

Title: Gestational Diabetes: Diagnosis and Management with a Rural Twist

Presenter: Robert Gobbo MD., Providence Hood River Memorial Hospital, Hood River, OR

Date: April 26th, 2018

Time: 10-11am (Pacific)

Pre-Session Activity

Participants should print and answer the pre-session readiness questions (bring your answers to the live session on April 26th).

1. According to Garrison's (2015) article, Gestational Diabetes Mellitus (GDM) affects approximately _____ of pregnancies in the United States?
 - a. 50%
 - b. 1%
 - c. 6%
 - d. 99%
2. According to Garrison's (2015) article, fetal complications associated with GDM include
 - a. Shoulder dystocia and Macrosomia
 - b. Gestational hypertension and preeclampsia
 - c. Low glycemic index and decreased A1C levels
 - d. None of the above
3. According to Garrison's (2015) article, initial treatment for GDM involves
 - a. Oral medications
 - b. Life style modifications
 - c. Insulin therapy

- d. All of the above
4. According to Garrison's (2015) article, the ideal fasting blood glucose level for women with GDM should be less than
- 140 mg per dL
 - 7.8 mg per dL
 - 120 mg per dL
 - 95 mg per dL
5. According to Garrison's (2015) article, how often should women with history of GDM be screened for overt diabetes?
- Every three years
 - Every 24 weeks
 - Every six to 12 weeks
 - Never
6. According to the ACOG Practice Bulletin (2017) article, screening for GDM is typically performed at
- When pregnancy is confirmed
 - 32-36 weeks of gestation
 - 12-16 weeks of gestation
 - 24-28 weeks of gestation
7. According to the ACOG Practice Bulletin (2017) article, when pharmacological treatment is indicated for GDM, _____ is considered the first-line treatment
- Glyburide
 - Metformin
 - Insulin
 - 5% Saline