

Anticipating a Problem Pregnancy

Jack Cahn, M.D.
A. Cleve Hutson, M.D.

Charleston, South Carolina

Dr. Cahn (*Family practice resident*): In today's Grand Rounds we will discuss several complications of pregnancy and their management. We invite your comments as we review this pregnancy as if you were encountering the patient.

Mrs. B, a 19-year-old married Caucasian woman presents in your office and states that her menses is two weeks overdue. She complains of morning sickness and thinks she is pregnant. She was pregnant once before at age 17 and delivered an 8 lb., 2 oz. girl, after an uncomplicated 24-hour labor. She was told that her blood type was A negative; however, she received no Rhogam after delivery. Her prenatal course and postpartum recovery were normal.

The family history reveals that her mother died when Mrs. B was six years old and that she had taken insulin. It is assumed she was diabetic. Her maternal grandmother was also diabetic. Mrs. B's previous health was good except for a period of depression with a suicide gesture six months ago.

The only physical examination abnormalities are: a) slight obesity, weight — 155 lbs., b) a grade 1/6 systolic ejection cardiac murmur at the aortic area, c) uterus of six weeks size, d) a boggy cyanotic cervix, and e) a 5cm cystic nontender mass in the left adnexa. What laboratory studies would you request?

Dr. John Atkinson (*Family practice resident*): The UCG.

Dr. Cahn: UCG was positive.

Dr. Terence Davies (*Associate Professor of Family Practice*): Next, the routine studies — CBC, urinalysis, VDRL and G.C. culture.

Dr. Cahn: The hemoglobin is 14.2gm percent, WBC and platelet count normal. The urinalysis is normal, VDRL non-reactive and G.C. culture negative.

Dr. Roger Rowe (*Clinical Associate of Family Practice*): Fasting blood sugar and two-hour postprandial.

Dr. Cahn: Would everybody order a fasting blood sugar and a two-hour postprandial on this patient?

Dr. Irvin Bemby (*Family practice resident*): No. I would just request a glucose tolerance test.

Dr. Atkinson: I would request only a two-hour postprandial.

Dr. Julian Taylor (*Family practice resident*): I would wait later in her pregnancy before testing.

Dr. Cahn: What type of glucose tolerance test would you request, Dr. Bemby?

Dr. Bemby: Three-hour oral GTT.

Dr. Hiram Curry (*Professor of Family Practice*): If I ordered a GTT, I would favor an oral five-hour test. At this early stage, before gestational diabetes is a consideration, this test would be helpful in view of her strong family history.

Dr. Cahn: Why five-hour?

Dr. Curry: Because either hyperglycemia at two hours or reactive hypoglycemia at five hours indicates the body's inability to maintain glucose homeostasis, both indications of a defective regulatory system. If you have the tenured position of the family doctor and if you put the patient through an expensive test, then you should exclude a defect in her glucose regulatory mechanism, once and for all.

Dr. Kenneth Goss (*Associate Professor of Family Practice*): I vote against that at this point in time. The girl is nauseated and may not show an optimal response since her liver may not be adequately supplied with glycogen. I would opt for a coarse screen at this point.

Dr. Curry: If she is not eating normally, you are right. That is a good point.

Dr. Goss: I suggest a random blood sugar while she is in the office. My philosophy is to get what I can while I have the patient there . . . to get the most information I can get at this particular visit. I would interpret the result in light of how much she had eaten, how much she had vomited, and when she had last eaten.

Dr. Cahn: Are there indications for getting sugars of any kind at this time?

Dr. Atkinson: The family history of diabetes.

Dr. Joseph Fisher (*Associate Professor of Family Practice*): Delivering an 8 lb., 2 oz. baby with the first pregnancy.

Dr. Cahn: That is a little large but not much more than normal.

Dr. A. Cleve Hutson (*Associate Professor of Family Practice*): We recognize the positive family history of diabetes. It