Chesterfield Royal Hospital NHS Foundation Trust
Women and Children's Directorate

SCREENING FOR GESTATIONAL DIABETES POLICY

1. INTRODUCTION

1.1 Gestational diabetes is a condition in which women without previously diagnosed diabetes exhibit high blood glucose levels during pregnancy, particularly in the second and third trimesters. This affects between two and 14 per cent of pregnancies. It is associated with increased perinatal morbidity and mortality if left untreated, such as being large for gestational age (which may lead to delivery complications), low blood sugar, and jaundice.

1.2 Gestational diabetes is a treatable condition and women who have adequate control of glucose levels can effectively decrease these risks.

1.3 There are specific risk factors which increase the likelihood of gestational diabetes and these women are targeted for screening. (See 4.1)

2. POLICY STATEMENT

2.1 This policy identifies the antenatal patients who should be screened for gestational diabetes and the procedure for testing.

3. ROLES AND RESPONSIBILITIES

3.1 All Midwives & Medical Staff caring for antenatal women:
should familiarise themselves with these screening criteria

The Diabetes Obstetric MDT
are responsible for reviewing this policy

The Antenatal Phlebotomy Service
performs the oral GTT blood tests

4. PROCEDURE/GUIDELINES/PROCESS

4.1 Criteria for screening

4.1.1 Risk factors

- Previous history of impaired glucose tolerance or gestational diabetes ***- perform glucose tolerance test (GTT) at 16 weeks***
- Previous history of baby of 4.5kg or above
- First degree relative with diabetes
- Body mass index greater than 30
- Known diagnosis of polycystic ovaries
- Family origin from high prevalence area (South Asian, Black Caribbean or Middle Eastern)

4.1.2 Screen for gestational diabetes if glycosuria 1+ on more than one occasion or glycosuria 2+ on one occasion.

4.1.3 Consider screening for gestational diabetes if ultrasound confirmed macrosomia. Patient must be seen in consultant clinic.

4.2 Screening Test – Oral Glucose Tolerance Test

4.2.1 GTT Protocol

- The patient should be fasting from midnight the night before the GTT – they may only have water and any tablets they have been prescribed
- During the test the patient should rest quietly and smoking is contraindicated

- A basal blood sample is collected for glucose measurement (grey topped bottle)
- 410mls of Lucozade is given to the patient to drink (equivalent to 75g glucose)
- A second blood sample is collected two hours post glucose drink

4.2.2 Interpretation of GTT

	Plasma Glucose		
	Fasting		**Two-Hour**
Gestational Diabetes	≥ 7.0	OR	≥ 7.8

(WHO 1999)

4.2.3 Management

A diagnosis of gestational diabetes should be referred to the Diabetes Team as soon as possible and treated accordingly. *(See Pre-existing Diabetes in Pregnancy Policy)*

5. AUDIT/MONITORING ARRANGEMENTS

5.1 The diabetes obstetric MDT are responsible for auditing this policy, which can be performed through review of random case notes and presented to O&G audit meeting.

6. DEFINITIONS

6.1 The obstetric diabetes MDT consists of:

- consultant diabetes physician
- diabetes specialist nurse consultant
- midwife
- consultant obstetrician
- dietician

7. TRAINING REQUIREMENTS

7.1 No specific training required.

8. KEY WORDS

8.1 Blood glucose, GTT, glycosuria

N.B. Reasons for not adhering to this policy MUST be documented in the patient's notes

8. REFERENCES

8.1 **Related Policies**

Diabetes in Pregnancy Including Gestational Diabetes Policy.

8.2 **Documents**

ACHOIS. NEJM 2005, 352, 2477 – 86.

NICE : **Diabetes in Pregnancy**, 2008.

Schytte et al, **The Clinical Impact of Screening for Gestational Diabetes**, Clinical Chemistry and Laboratory Medicine 2004; 42(9):1036-42.

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To be reviewed by: Diabetes Obstetric MDT

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