

Date:

Re: (sticker)

Dear Dr _____

1. Gestational diabetes
 - a. HbA1c at diagnosis _____

2. Prepregnancy BMI _____

Your patient was diagnosed with GDM in her current pregnancy and is being managed in the community clinic as she does not require insulin.

She has been given lifestyle advice and is monitoring her capillary glucose levels.

We have explained the implications of her diagnosis with respect to pregnancy complications and risk for progression to subsequent diabetes.

After delivery, we will give her a laboratory request form to do an HbA1c at 3 months postpartum. The result will be sent to you for appropriate follow up. We have advised your patient to come and see you to discuss the result.

If the HbA1c is <41 mmol/mol, we recommend continuing healthy lifestyle interventions and annual screening for diabetes and other cardiovascular risk factors. If it is elevated, she should be treated according to nonpregnancy guidelines.

If she plans another pregnancy and has prediabetes or diabetes we would be keen to see her in the diabetes in pregnancy clinic for prepregnancy counseling or she should be referred directly to clinic if she conceives without prepregnancy counseling. If she is taking oral agents for diabetes, please continue them and we will add or change her to insulin when we review her. If she is taking an ace-inhibitor/ ART or statin, it should be stopped.

If her glucose tolerance is normal outside pregnancy we recommend adding HbA1c with booking bloods. If the HbA1c is above the reference range, she can be referred directly to clinic. If the HbA1c is within the reference range we recommend a 75g OGTT at 24-28 weeks.

Regards,