Screening for Diabetes in Pregnancy (2019)

At booking
Offer all women HbA1c with first antenatal bloods
(Note: there is no current recommendation for 50 g glucose challenge or 75g OGTT before 24-28 weeks)

HbA1c ≥41mmol/mol
“Early” GDM
Refer to diabetes clinic, initiate glucose monitoring if possible

HbA1c <41mmol/mol
At 24 to 28 weeks gestation
Does she fulfil any of these criteria?
• Obesity
• Other risk factors* *see below

No
(low risk)
Consider 50 g 1h glucose challenge (polycose)

Yes
(higher risk)
If preference for diagnostic test
75 g OGTT

Fasting glucose ≥5.5 mmol/l OR 2h glucose ≥ 9.0 mmol/l
Refer to diabetes clinic
Initiate glucose monitoring if possible

I hr glucose >11.0mmol/L, refer to diabetes clinic
1 hr glucose 7.8-11.0mmol/L, 75 g OGTT within a week

Further screening after 32 weeks is for specific reasons only
If there are concerns a woman has unrecognised GDM, discuss with an obstetrician or the diabetes team to decide if further laboratory tests should be requested (and if so, which one).
Discussions about recommendations should be documented on HealthWare

Other risk factors for GDM
* PCOS, chronic hypertension, steroid or antipsychotic medications, family history of diabetes, glycosuria, macrosomia, booking HbA1c borderline. Previous: GDM, macrosomia, preeclampsia, perinatal loss, pre-term birth

30-32 wks: If the fetus is “macrosomic” (ie if SFH >90th or AC/EFW >90th on scan) or unexplained polyhydramnios or other concerns about GDM, request 75 g OGTT and refer if diagnostic. (Note: if SFH >90th, also request scan, but do not delay OGTT)