

**THE LEEDS TEACHING HOSPITALS NHS TRUST**

**NURSING, MIDWIFERY & HEALTH VISITING  
GUIDELINES**

## **Screening for Gestational Diabetes**

**Guideline No.**

**Author(s): P Jenkins (Senior Midwife)**

**Date: 6<sup>th</sup> August 2004**

**Review date: August 2007**

## Title

# Screening for Gestational Diabetes

## (Glucose Tolerance Test Protocol)

### Rationale for the guideline

This guideline was produced to standardise the referral criteria for screening for gestational diabetes using the Glucose Tolerance Test (GTT). Although the evidence does not support routine screening for gestational diabetes mellitus during pregnancy (NICE 2003), the consensus opinion of obstetric consultants in Leeds is that screening for gestational diabetes should continue for women with identified risk factors.

### Scope of the Guideline

This guideline is to be used to plan the management of care for any woman booking to deliver in the Leeds Teaching Hospital Trust. The guideline is for use by all health care professionals who may be involved in the provision of antenatal care i.e. midwife / obstetrician / GP. It does not negate from using professional judgement where required.

### Recommended Guidelines

- All women should be risk assessed at booking
- For women with an identified risk factor (see below), a GTT should be arranged for 26 weeks gestation

### **Risk factors:**

- 1, Family history – First degree relative (parents and / or sibling)
2. Previous Gestational Diabetes Mellitus (either diet controlled or insulin dependent)
3. Previous stillbirth
4. Previous large baby (>4.5 Kg)
5. Maternal obesity (BMI > 35)
6. Large for dates (If SFH +3/4cm arrange USS for fetal growth first – a GTT will be arranged if AC is > 97<sup>th</sup> centile)
7. Polyhydramnious (if AFI >25 or growth >97<sup>th</sup> centile)
8. Polycystic ovaries

Women who are large for dates or have polyhydramnious after 36 weeks gestation **should not** be referred for a GTT – please arrange for the woman to be reviewed in a consultant antenatal clinic.

In line with NICE guidance (2003) we **no longer** routinely tests for glycosuria. If a woman presents with a history of excessive thirst and / or polyuria then a GTT may be indicated. Please contact either the Antenatal Day unit or Angela Thein (ext 65195) for further advice.

Antenatal Day Unit LGI	0113 3926588
Antenatal Day Unit St James's	0113 2065326
St George's Centre	0113 3929814

### **Procedure for carrying out a GTT**

- Nil By Mouth after midnight
- Fasting sample of blood taken on arrival at the day unit the following morning
- Glucose load given as per protocol
- Second blood sample taken 2 hours after glucose load
- Ensure that a contact number for the woman is obtained and arrange for the results to be given according to local protocol
- If the result is normal no further follow up is required
- If the result is abnormal the women should be referred to the next diabetic clinic

### **Blood levels requiring referral to the diabetic antenatal clinic:**

Fasting **>6.0 mmol / L**                      2 hours postprandial **>9.0 mmols / L**

### **Abbreviations:**

AC    Abdominal Circumference  
AFI   Amniotic Fluid Index  
GTT   Glucose Tolerance Test  
SFH   Symphysis Fundal height  
USS   Ultrasound scan

### **Main author**

Paula Jenkins (Senior Midwife)

### **Summary of the consultation process:**

This guideline was developed with the assistance of Angela Thein (Diabetic Lead Consultant), The Diabetic Modernisation Group, and Antenatal Day Unit Midwives. Drafts were distributed to obstetricians, senior midwives, and supervisors of midwives.

**Distribution list and dissemination method:**

Antenatal Clinic Midwives  
Antenatal Day Unit Midwives  
Antenatal and Postnatal Ward Sisters  
Community Midwives  
Consultant Obstetricians  
Deputy chief Nurse / Head of Midwifery  
Lead Clinician  
Midwifery Matrons  
Midwifery Team Leaders

**References:**

NICE (2003) *Antenatal Care- Routine care for the healthy pregnant women*, National Institute for Clinical Excellence

**Date Guideline approved:**

6<sup>th</sup> August 2004 by the Trust Nursing and Midwifery Policy and Guideline Group

**Date guideline issued:**

6<sup>th</sup> August 2004

**To be reviewed before:**

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**Person responsible for review:**

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**This guideline replaces all previous guidelines pertaining to screening for gestational diabetes mellitus during pregnancy**

