**Musgrove Park Hospital, Taunton & Yeovil District Hospital**

**GESTATIONAL DIABETES (GDM)**

This is a brief summary of NICE guideline NG3 with local input. Gestational diabetes carries serious risks for pregnancy, especially for the baby; stillbirth, preterm birth, shoulder dystocia, neonatal hypoglycaemia and respiratory complications are more common. These risks **can** be reduced with careful diabetes care and regular support from the GDM antenatal team.

**Screening and Diagnosis**

* Screening for GDM is arranged by the midwife. In most cases this is by a 75g OGTT at 26 weeks of pregnancy. The GDM team are informed and look up all tests on a daily basis. If positive the woman is contacted.
* **Who should be screened for GDM**
1. Previous GDM or a personal history of pre-diabetes - assessed at booking and again at 26 weeks
2. BMI above 30kg/m2 at booking
3. Previous macrosomic baby weighing 4.5kg or above
4. First degree relative with diabetes (mother, father, sibling, offspring)
5. Minority ethnic family origin with high prevalence of diabetes (South Asia, Black Carribean, Middle East)
6. Previous unexplained stillbirth
7. Taking antipsychotic medication e.g Quetiapine
8. Women who have had Bariatric surgery
* **Diagnosis of GDM**
	+ This will be assessed and confirmed by the GDM team
	+ OGTT result: 0 minute glucose > 5.6mmol/l OR 120 minute glucose > 7.8mmol/l
	+ If initial OGTT shows higher fasting & unusually low 120 minute reading repeat fasting glucose
	+ Capillary blood glucose monitoring (CBGM) - fasting & 1 hour post meals for a week (***only*** performed in certain types of bariatric surgery or with hyperemesis). At least 3 elevated levels at a specific time point: Fasting glucose >5.3mmol/l OR post meal glucose > 7.8 mmol/l
* **Management of GDM by specialist team**
	+ Initial education session and taught fingerprick blood glucose testing and dietary change
	+ GP asked to ***add CBG testing strips to prescription***
	+ CBG levels reviewed by GDM team 1-2 weekly
	+ If levels above target initially Metformin and then Insulin started as appropriate
	+ Growth scans 3-4 weekly, Delivery by 40+6 weeks at the latest, can be earlier
* **Post partum**
	+ Women discontinue all blood glucose lowering therapy immediately after birth
	+ Random CBG levels in first 24-48 hours post partum to exclude persisting hyperglycaemia
	+ Women to have an **HbA1c locally no sooner than 13 weeks post partum**
		1. **If HbA1c < 42 mmol/mol –** low probability diabetes, continue lifestyle advice & have ***annual HbA1c thereafter***
		2. **If HbA1c 42-47mmol/mol** – pre diabetes, refer to Diabetes Prevention Programme
		3. **If HbA1c > 47 mmol/mol** - diabetes likely, follow Type 2 diabetes pathway