

Screening For GDM During Covid-19

As you know, a number of laboratory collection depots have closed down during COVID, which may lead to a reduction in services. All tests are currently available, including oral GTT. However, this might change, and we are also aiming to reduce laboratory visits/waiting times for our women.

The following is based on national recommendations from the New Zealand Society for Study of Diabetes (NZSSD):

- **Avoid additional/ unnecessary visits to the laboratory:**
 - **Women with an HbA1c result >40mmol/mol with first antenatal bloods** do not require further screening. They should start capillary glucose monitoring and **be referred directly to the maternity diabetes clinic.**
 - At 24-28 weeks, consider your woman's risk of GDM carefully. **Do not request a 50g polycose screen.**
 - Women who are **HIGH risk for GDM, can start capillary glucose monitoring and be referred:**
 - If fasting capillary glucose levels $\geq 5.0\text{mmol/L}$ or 1-hour post meal $\geq 7.0\text{mmol/L}$ or 2-hour post meal $\geq 6.0\text{mmol/L}$, please refer. We will phone your woman and decide an ongoing management plan with her.
 - If her results are normal, she could stop testing after 1 week. This could be repeated every 4 weeks. After 34 weeks, if still normal, no further monitoring required.
- **Laboratory options for those requiring testing at 24-28 weeks:**
 - Your woman could do a **fasting plasma glucose** at the laboratory at the same time she does other antenatal bloods. It has been agreed nationally by clinicians that:
 - If the fasting glucose result is $\geq 5.0\text{mmol/L}$, you should consider that your woman has GDM, start your women testing her capillary glucose levels and refer her to the pregnancy diabetes service.
 - If the fasting glucose result is $< 4.5\text{mmol/L}$, she is a lower risk person and doing further testing for GDM is not required unless additional risk factors are present.
 - For women with fasting glucose $4.5\text{-}4.9\text{mmol/L}$, you can consider capillary glucose monitoring if GDM clinically suspected **or send her for a 75g OGTT.**
 - Your woman may prefer to **go directly for a 75g OGTT.**
- **Do not repeat an OGTT in later pregnancy.**
 - If GDM suspected, your woman could commence capillary glucose monitoring at any time up to 34 weeks if clinical suspicion arises. Refer if results are elevated, as outlined above.

You can phone the maternity diabetes service for advice if unclear what to do.

During the COVID outbreak, use this number: 0211662988.

