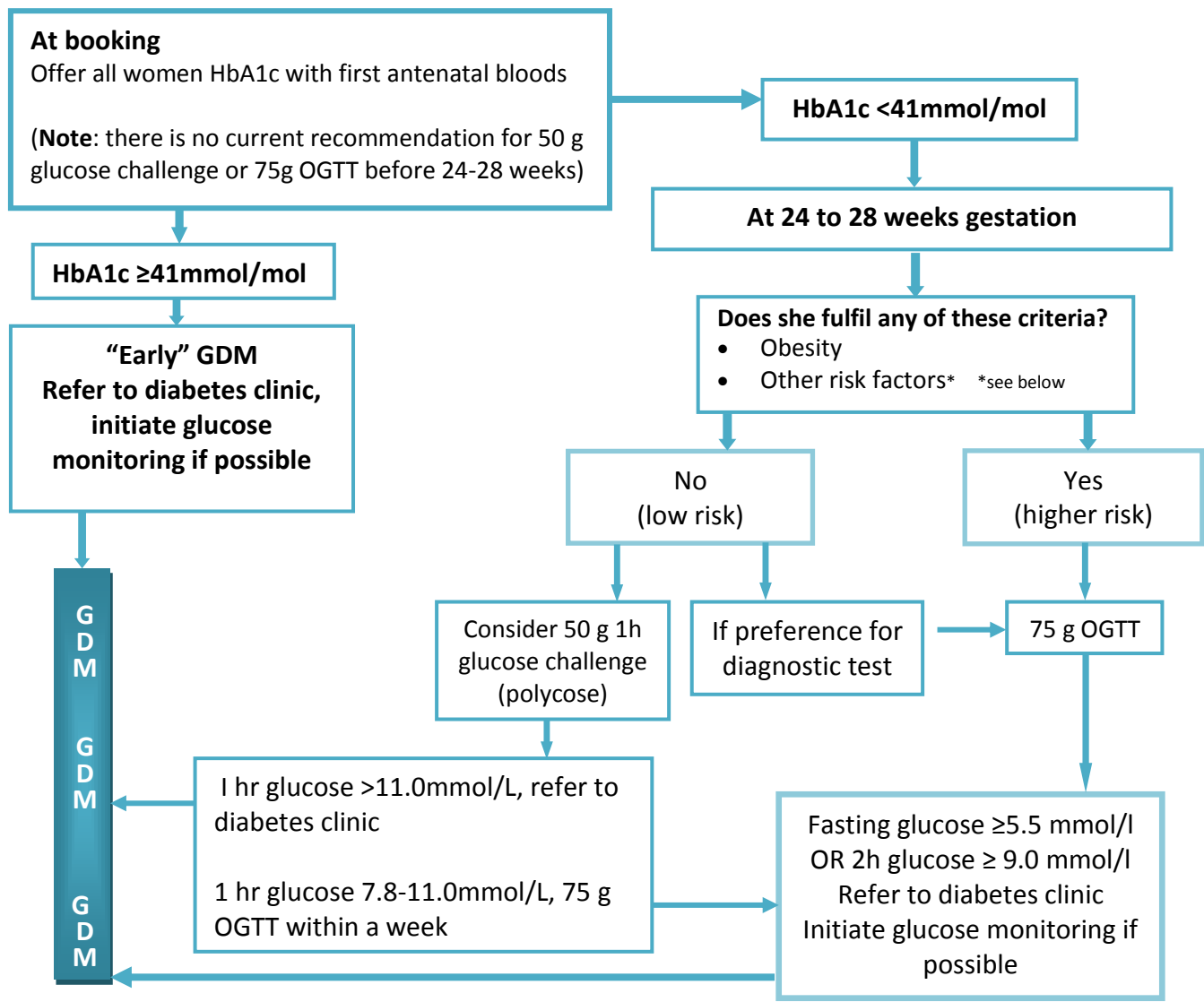


Screening for Diabetes in Pregnancy (2019)



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)

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