SCREENING FOR AND MANAGEMENT OF GESTATIONAL DIABETES MELLITUS

KEYPOINT
- Routine screening for GDM is offered to all clients on the Community Midwifery Program between 26-28 weeks gestation (or earlier if clinically indicated)

Routine screening for GDM
- At the initial booking interview a full medical and obstetric history will be obtained. The method of diabetes screening recommended is dependent on the absence/identification of risk factors.
- An oral glucose tolerance test (OGTT) between 26-28 weeks is to be offered to all pregnant women with the exception of women with high risk factors

High Risk factors for GDM
Clients with any of the following risk factors are deemed high risk for GDM and should be offered a Glucose Tolerance Test (GTT) at 26-28 weeks gestation (or earlier if clinically indicated – see below):
- Previous GDM
- Previous macrosomic baby >4.5kg
- BMI > 30
- Maternal age >30 years
- Family history of parents or siblings with diabetes
- Ethnicity: South Asian, black African/Caribbean, Middle eastern, Aboriginal
- History of polycystic ovary syndrome (PCOS)

Clinical Indication for immediate GTT
If a woman has any clinical indications during pregnancy (as listed below) a GTT must be offered immediately.
- Booking onto the CMP at ≥ 30 weeks gestation and no prior screening performed
- 2 or more high risk factors at booking (if performed at booking it must be repeated at 28 weeks gestation)
- BSL > 5.5mmol/L in pregnancy
- Polyhydramnios suspected/diagnosed
- Large for gestational age fetus suspected/diagnosed
- 2+ or more of glycosuria on 2 or more occasions
Procedure:
- All clients must receive a detailed explanation of the screening test and be given a copy of the client information pamphlet “Screening for Gestational Diabetes Mellitus” at or prior to 24 weeks gestation.

- Ensure the client is fully informed about the test and obtain verbal consent.

- Give or ensure the client obtains a request form (as per CMP Policy and Procedure Manual 2012). Her routine 28 week FBC/antibodies should be requested at the same time.

- Inform the client to make an appointment with her local Pathwest laboratory.

- Give the client instructions on how to prepare for the test. Refer her to the client information pamphlet.

For a GTT inform the client:
- she must fast from midnight the night before the test (water is allowed)
- the test involves three blood tests and takes two hours to complete
- the client must stay in the laboratory for the duration of the test. It is advised that she doesn’t have young children with her
- a blood test is taken and she will be asked to drink a 75g glucose drink within 5 minutes – this may result in nausea and vomiting.
- at one and two hours after the drink a further blood sample will be taken
- her midwife will obtain the results within 1 week of the test
- if the test is positive referral to a dietician/obstetrician at her back-up hospital will be arranged/required

Positive GTT
On a 75g load
Fasting: ≥ 5.5 mmol/L
2 hour blood glucose: ≥ 8 mmol/L

Referral process
Once GDM is diagnosed the midwife must make an appropriate referral to an obstetrician and dietician at the back-up hospital within one week of diagnosis.

Antenatal care
Shared care will need to be established with the back-up hospital/obstetrician. Ongoing antenatal management of the GDM will be as per consultation with an obstetrician. Consultation with the paediatrician at the supporting maternity hospital should occur at 36 weeks gestation to ensure an appropriate plan of management is made for the baby if a home birth has been approved.

Intrapartum care
The Primary midwife must ensure close liaison/collaboration with the supporting obstetrician to ensure the best possible outcome.
**NOTE:** For medical reasons clients requiring insulin control during their pregnancy are unable to birth at home on the CMP. These clients can join the domino program following consultation and approval with the obstetrician (Refer to CMP Policy “Inclusion Criteria for the CMP”). Diet controlled GDM with obstetric endorsement may birth at home – routine management in labour.

**Postpartum care**

**Newborn**
- Ensure early feeds, monitor for signs of hypoglycaemia (low temperature (<36.5°C), jittery).
- Immediate consultation and/or referral to a paediatrician at back-up hospital must occur post birth to implement plan of management for baby if not already planned prior to birth or clinical condition changes.

**Mother**
- Diet controlled GDM – stop glucose monitoring postpartum
- Remind client re; the need for a GTT at 6 weeks postnatal – the client must arrange this with her GP

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

Department of Health Western Australia 2015

## REFERENCES / STANDARDS

1 Clinical care is Guided by Current Best Practice

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice

12 Provision of Care

Legislation - Nil

Related Guidelines / Policies – [KEMH Medical Disorders Associated with Pregnancy Diabetes](#)

Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice

### RESPONSIBILITY

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<tr>
<th>Policy Sponsor</th>
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*All guidelines should be read in conjunction with the [Disclaimer](#) at the beginning of this section*