



WOMEN AND CHILDRENS DIVISION

Title: Standard Operating Procedure for screening for gestational diabetes (GDM) during Covid-19 Pandemic
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Target Organisation: Worcestershire Acute Hospitals NHS Trust
Target Departments: Maternity
Target Staff Categories: Midwives, Gynaecology Nurses, Maternity Support Workers, Theatre Staff, Consultant Anaesthetists, Consultant Obstetricians & Gynaecologists.

SOP Purpose
To ensure the correct and proper procedure is followed for screening for gestational diabetes (GDM) during Covid-19 Pandemic.

Date	Amendment	By Whom

1.0 Introduction

In order to reduce footfall and patient exposure to the risk of contracting Covid-19, the standard OGTT is no longer recommended for the screening of pregnant women at risk of diabetes. Women at high risk of GDM as highlighted by NICE guidance should be offered the following screening instead, as summarised in appendix 1.

2.0 Screening procedure

- For women with either risk factors for GDM or a history of GDM in a prior pregnancy, should have HbA1c and random plasma glucose (RPG) taken with the booking bloods.
- If booking HbA1c ≥ 48 mmol/mol OR RPG ≥ 11.1 mmol/L treat as Type 2 Diabetes and refer immediately for joint care with the obstetric consultant and diabetes team.
- Women with a borderline HbA1c 41-47mmol/mol with a prior history of GDM treat as GDM.
- Repeat screening for women who initially screen negative at 28 weeks gestation.
- Take HbA1c and ideally fasting glucose. Whilst a fasting glucose is better, a random plasma glucose (RPG) could be performed instead.
- Treat as GDM if:
 - HbA1c ≥ 39 mmol/mol
 - OR fasting glucose ≥ 5.3 mmol/L
 - OR RPG ≥ 9 mmol/L treat as GDM
- Treat as normal if:
 - HbA1c < 39 mmol/mol
 - Fasting glucose < 5.3 mmol/L
 - RPG < 9 mmol/L

Consider re-screening for GDM at any point after a negative initial test, if women develop signs of potential GDM i.e.

- Heavy glycosuria (+2)

- High clinical suspicion of maternal diabetes (nocturia, thirst, polydipsia)
- Large for gestational age fetus
- Polyhydramnios

Appendix 1

