

Flowchart for screening, diagnosing and referring of Gestational Diabetes Mellitus (GDM)

St George and Sutherland Hospitals

Women at HIGH risk of GDM
(If **One** or more risk factor as detailed in box below)

High risk factors for GDM:

- ✓ **Ethnicity:** Aboriginal/Torres Strait Islander, Asian, South Asian, Pacific Islander, Maori, Middle Eastern, Non-white African
- ✓ **Insulin Resistance** (eg associated with PCOS)
- ✓ **Maternal Age** ≥ 40 years
- ✓ **Medications** eg. corticosteroids, antipsychotics
- ✓ **BMI** ≥ 30 at preconception or initial booking
- ✓ **Previous adverse pregnancy outcome** suggestive of undiagnosed GDM eg shoulder dystocia, unexplained stillbirth
- ✓ **Previous baby with birth weight** $>4.5\text{kg}$
- ✓ **Previous GDM**
- ✓ **Strong FHx Diabetes** (1st degree relative with diabetes; sister with GDM)

Fasting 75g OGTT
(ideally ≥ 13 weeks)

Normal OGTT result

Abnormal OGTT result
(as per pathology report)

Repeat 75g OGTT
at 26-28 weeks gestation

Women NOT at high risk of GDM

Screen at 26-28 weeks gestation

Fasting 75g Oral Glucose Tolerance Test (OGTT)

Abnormal OGTT Result

Fasting ≥ 5.1 mmol/L

Or

1 hour ≥ 10.0 mmol/L

Or

2 hour ≥ 8.5 mmol/L

Normal OGTT

No further testing required

Referral to Diabetes Education Centres (includes appointment with Diabetes Educator, Dietitian and Endocrinologist) **within 1 week** by
Fax to: 9113 2690

Please include:

- ✓ Copy of 75g OGTT results
- ✓ Referral letter to Endocrinologist (it is essential to include GP provider number)
- ✓ Woman's current phone number and Obstetrix printout
- ✓ Indicate if interpreter required

Diabetes Centre will contact woman within 1-2 days.