GDM screening and testing when local risk of COVID-19 is elevated

**ELEVATED local risk of COVID-19**
- **Applies to:** Pregnant women regardless of COVID-19 status
- **Rationale:** To support social distancing and minimise blood collection time (i.e. not based on new evidence)

**Risk factors for GDM**
- BMI > 30 kg/m² (pre-pregnancy or on entry to care)
- Ethnicity (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African)
- Previous GDM
- Previous elevated BGL
- Maternal age ≥ 40 years
- Family history DM (1st degree relative or sister with GDM)
- Previous macrosomia (BW > 4500 g or > 90th percentile)
- Previous perinatal loss
- Polycystic ovarian syndrome
- Medications (corticosteroids, antipsychotics)
- Multiple pregnancy

**Assess all women for risk factors**

**Check FBG**
- At 24–28 weeks gestation or
- If clinical concerns after first trimester

**Initial presentation after first trimester with risk factors**

**Use clinical judgement:**
- Either FBG or OGTT
  - Consider risk factors, personal history, local risk of COVID-19
  - If OGTT is done at 12–24 weeks, individually assess if retesting at 24–28 weeks is required

**HbA1c > 41 mmol/mol (5.9%)?**

**HbA1c first trimester only**
- OGTT recommended
  - If COVID-19 suspected or confirmed seek expert clinical advice
  - OGTT advice for women
  - Fast (except for water) for 8–14 hours prior to OGTT
  - Take usual medications

**Routine antenatal care**
- Unless clinical concerns

**OGTT normal?**

**Postnatal follow-up**
- Delay OGTT for 6 months or
- If concerned about type 2 diabetes:
  - Continue self-monitoring
  - HbA1c at 4–6 months
  - Notify GP

**GDM diagnosis**
- HbA1c ≥ 41 mmol/mol (or 5.9%)
- OGTT one or more of:
  - Fasting ≥ 5.1 mmol/L
  - 1 hour ≥ 10 mmol/L
  - 2 hour ≥ 8.5 mmol/L

**Flowchart**

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