

GDM antenatal schedule of care

Testing

Consideration	Result	Plan
Risk factors for GDM: <input type="checkbox"/> 1st trimester: OGTT or HbA1c <input type="checkbox"/> If after 1st trimester: OGTT	OGTT (mmol/L) Fasting: _____ 1 hour: _____ 2 hour: _____ HbA1c (mmol/mol) _____ HbA1c (mmol/mol) _____ BGL (mmol/L) _____	If normal: OGTT at 24–28 weeks gestation or If indicated: Commence GDM care If normal: Self-monitoring at 24–28 weeks gestation or If indicated: Commence GDM care
Previous bariatric surgery and diabetes history/other risk factors: <input type="checkbox"/> 1st trimester: HbA1c <input type="checkbox"/> If after 1st trimester: fasting BGL	OGTT (mmol/L) Fasting: _____ 1 hour: _____ 2 hour: _____	If indicated: Commence GDM care
No risk factors or history: <input type="checkbox"/> 24–28 weeks OGTT	OGTT (mmol/L) Fasting: _____ 1 hour: _____ 2 hour: _____	If indicated: Commence GDM care

At initial GDM diagnosis

Discuss/Review/Refer	Considerations
<input type="checkbox"/> Review history	Previous GDM, medications
<input type="checkbox"/> Diabetes educator consult	Within 1 week of diagnosis for GDM education
<input type="checkbox"/> Dietitian review	Within 1 week of diagnosis
<input type="checkbox"/> Psychosocial assessment/support	Refer as required
<input type="checkbox"/> BGL self-monitoring	Commence self-monitoring
<input type="checkbox"/> BMI (pre-pregnancy)	Discuss healthy weight gain targets
<input type="checkbox"/> Lifestyle advice	Physical activity, healthy eating, smoking cessation
<input type="checkbox"/> Baseline ultrasound scan (USS)	At 28–30 weeks gestation
<input type="checkbox"/> Initial laboratory investigations	<input type="checkbox"/> Serum creatinine
<input type="checkbox"/> If <i>Diabetes in Pregnancy</i>	<input type="checkbox"/> Optometrist/ophthalmologist review for diabetic retinopathy
	<input type="checkbox"/> Microalbuminuria for diabetic nephropathy

Each visit

Discuss/Review/Refer	Considerations
<input type="checkbox"/> Clinical surveillance	Complications (e.g. pre-eclampsia)
<input type="checkbox"/> Weigh	Weight gain trends, diet, exercise
<input type="checkbox"/> Test urine	Investigate ketonuria, proteinuria
<input type="checkbox"/> Review BGL self-monitoring record	Patterns, trends and mean BGL
<input type="checkbox"/> Psychosocial assessment/support	Refer as required
<input type="checkbox"/> Fetal growth and wellbeing (including AC)	USS 2–4 weekly as indicated (after 28–30 weeks)
<input type="checkbox"/> If pharmacological therapy commenced	<input type="checkbox"/> Follow-up contact within 3 days <input type="checkbox"/> Diabetes educator (weekly) <input type="checkbox"/> Dietitian review
<input type="checkbox"/> Review suitability of model of care	<input type="checkbox"/> Low risk GDM <input type="checkbox"/> Diabetic clinic <input type="checkbox"/> Obstetric <input type="checkbox"/> Other _____
<input type="checkbox"/> Review next contact requirements (increase frequency if: suboptimal BGL, early diagnosis, diabetes in pregnancy, pharmacological therapy commenced)	<input type="checkbox"/> Fortnightly until 38 weeks <input type="checkbox"/> Fortnightly until 36 weeks <input type="checkbox"/> Weekly until birth <input type="checkbox"/> Other _____

AC: abdominal circumference, **BGL:** blood glucose level, **GDM:** gestational diabetes mellitus, **HbA1c:** glycated haemoglobin, **OGTT:** oral glucose tolerance test, **USS:** ultrasound scan

Queensland Clinical Guideline. *Gestational diabetes mellitus*. Flowchart: F21.33-4-V2-R26