Frequently Asked Questions

GDM screening and testing during COVID-19 pandemic

What are the changes to routine screening of women for gestational diabetes mellitus (GDM)?

The changes are aimed at reducing the need for a large number of women to undergo the full oral glucose tolerance test (OGTT) during the COVID-19 pandemic. Women with risk factors or other GDM concerns:

- HbA1c in the first trimester
  - If greater than 41 mmol/mol (5.9%) manage as GDM

All other women:

Women who are not already being managed as GDM have a fasting blood glucose (FBG) between 24 and 28 weeks gestation. Only if this is in the range 4.7–5.0 mmol/L, will they need an OGTT. This will be a two-step process for a small number of women.

- If FBG:
  - Less than or equal to 4.6 mmol/L provide usual antenatal care
  - 4.7–5.0 mmol/L recommend OGTT and manage according to result
  - Greater than or equal to 5.1 mmol/L provide GDM care

[Refer to Gestational diabetes mellitus during COVID-19 pandemic guideline]

Who should follow this recommendation?

The recommendations are for use by maternity care providers in Queensland during the COVID-19 pandemic.

Why is there a change to practice?

The new process is aimed at reducing the need for a large number of women to undergo the full OGTT. This supports social distancing and minimises the woman’s risk of exposure to COVID-19.

How will the change help social distancing?

An OGTT takes more than 2 hours to complete. The woman must remain in close proximity between venesections. Collecting blood for a FBG or HbA1c does not require additional waiting time.

What evidence is there to support the change?

There is no new published evidence. Analysis of approximately 67,000 OGTT across Queensland, suggests that if the fasting blood glucose is 4.6 mmol/L or less then approximately 95% of pregnant women will have a normal OGTT.

Do we have to follow these recommendations?

These recommendations are guidance to inform local decision making. Local variations may be appropriate. If concerned, use clinical judgement and seek expert advice.

Will the FBG result be available straight away?

No, in most cases the result is not available before the woman leaves the collection centre. The laboratory will notify the referring clinician of the result who will then determine if an OGTT is required (FBG 4.7–5.1 mmol/L). If an OGTT is required, the woman will need to return at another time.
If the FBG is normal but I am still concerned, what should I do?
Use clinical judgement and follow local protocols to determine if the woman requires an OGTT or should receive GDM management.

If the woman requires an OGTT, what safety measures are there when she goes for the test?
Individual laboratories have developed safe testing procedures to support social distancing and minimise the risk of exposure to COVID-19 for patients and staff in collection centres. Remind the woman about safe practices including for example, hand hygiene and safe social distancing.

If the woman has risk factors and her first presentation is after the first trimester, what test is recommended? Do we do HbA1c or FBG or OGTT?
- The HbA1c test is only recommended for the first trimester
- An OGTT is not recommended in the first trimester
- If the woman has risk factors and presents for her first appointment (to any healthcare provider) after the first trimester either a FBG or OGTT can be requested. This is a clinical decision based on the woman’s risk factors and history
- If an OGTT is done between 12 weeks and 24 weeks, use clinical judgement to determine if re-testing at 24–28 weeks is also required

If the FBG is above 5.0 mmol/L in the first trimester, even when the HbA1c is normal, does the woman require an OGTT?
If the FBG is:
- 4.6 mmol/L or less
  - OGTT not required
  - Continue usual maternity care
- 5.1 mmol/L or greater
  - OGTT not required
  - Provide usual GDM management*
- 4.7 to 5.0 mmol/L
  - OGTT required
  - Provide care as per OGTT result and GDM management

Do these changes apply to the woman who has had bariatric surgery?
Follow usual protocols that have been in place before the pandemic. If required, seek expert clinical advice

What if the woman has another complex condition?
Seek expert advice as this may vary depending on the clinical presentation.

What if the woman has already received a request form for an OGTT?
If feasible, arrange for a FBG request form to be sent to the woman. You can also decide to continue with the OGTT.

What do we do with the pre-ordered tests in ieMR?
OGTT tests ordered in ieMR can be changed to FBG in the system prior to the collection date.

Can I contact the collection centre and change the request on the form?
No. The phlebotomist cannot change the form presented by the woman. The pathology laboratory will perform the test that is requested.

What happens if the woman is already booked for an OGTT?
Some laboratories (e.g. Pathology Queensland) are contacting the maternity units to see if the test can be changed to a fasting blood glucose. Clinicians may decide to proactively contact women and advise them about a change to the test they require.
Who notifies the woman of any changes to her booking? (She may choose to go to a site closer to home or on a weekend).

Any pre-booked appointments can be continued as per pre-COVID-19 pandemic. However, individual Hospital and Health Services (HHS) may work with local pathology providers to change pre-booked OGTT appointments (if clinically appropriate) to the new COVID-19 pandemic recommendations. Women may then choose to have their blood collected at a closer collection centre or different time.

What is the recommendation for postpartum screening for type 2 diabetes?

OGTT:
- Delay for 6–12 months until the COVID-19 pandemic is over
- Recommend before the baby turns 12 months of age or the woman becomes pregnant again

If the woman is at high risk of type 2 diabetes:
- Continuous self-monitoring may be indicated
- Perform HbA1c at 4–6 months

Notify woman’s usual care provider (e.g. general practitioner) of follow up requirements