Frequently Asked Questions

GDM screening and testing during COVID-19

Why are there changes to screening for gestational diabetes mellitus?

Changes to the usual recommendations for screening and diagnosis of gestational diabetes mellitus (GDM) are aimed at reducing the need for women to undergo the full oral glucose tolerance test (OGTT) when the local risk for COVID-19 is elevated. The gold standard for screening and diagnosis of GDM remains the OGTT.

How is the local risk of COVID-19 assessed?

Definitions of low and elevated risk are not universal or agreed. Assessment requires consideration of more than just risk of contagion. Refer to Queensland Clinical Guideline Maternity care for mothers and babies during COVID-19 pandemic *(Section 1.3 Responding to the evolving COVID-19 situation)* for assistance with identifying factors that may influence local risk assessment

If local risk of COVID-19 is LOW, what screening is recommended?

If *low risk,* follow usual GDM screening and management for all women (irrespective of personal risk for GDM). The OGTT is the gold standard for screening and diagnosis of GDM and for postnatal follow-up.

If local risk of COVID-19 is ELEVATED, what screening is recommended?

If *elevated risk*, for all women (irrespective of personal risk for GDM)

- HbA1c in the first trimester
  - If greater than 41 mmol/mol (5.9%) manage as GDM
- Between 24 and 28 weeks gestation, women who are not already being managed as GDM have a fasting blood glucose (FBG)
  - 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 Queensland Clinical Guideline: Maternity care for mothers and babies during COVID-19 pandemic]

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.

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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

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 presents 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
- If the woman has personal risk factors for GDM 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, personal history and the stratification of risk for COVID-19 (low, some or high risk area)
- 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

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 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.

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, at a different time or at a centre that can provide safe social distancing.

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

If local risk of COVID-19 is assessed as elevated:
OGTT:

- Delay for 6 months
- 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

Who should follow this recommendation?

The recommendations are for use by maternity care providers in Queensland when the local risk of COVID-19 is assessed as elevated.

Do we have to follow these recommendations?

These recommendations are guidance to inform local decision making and are based on Australian Diabetes in Pregnancy Society (ADIPS) recommendations. Local variations may be appropriate. If concerned, use clinical judgement and seek expert advice.