

Screening for Gestational Diabetes

Gestational diabetes mellitus (GDM) is one of the most common problems in pregnancy. If it is found and managed, you will receive extra care and monitoring, and it is unlikely to affect your pregnancy or baby.

But if left undiagnosed or untreated, possible complications for you include:

- high blood pressure
- early labour or premature birth
- your baby having a high birthweight which means you are more likely to need:
 - to be induced
 - to have a birth needing to use forceps or vacuum cup, which can result in a tear or cut
 - to have a caesarean birth
 - to have a delay in breastmilk supply and problems starting breastfeeding

If left undiagnosed or untreated, possible complications for your baby include:

- having a high birthweight which may lead to shoulder dystocia, where your baby's shoulders get stuck in the birth canal during vaginal birth. This can cause injury to your baby, and in severe cases brain damage or death
- breathing difficulties at birth
- low blood sugar soon after birth
- jaundice in the first few days after birth
- very rarely, stillbirth or newborn death

Some women are at more risk than others, but having NO risk factors does not mean you cannot develop GDM. You do not feel this type of diabetes, so we need to check you for GDM with a screening test called a **Glucose Tolerance Test (GTT)**. The GTT assesses how your body responds to a 'sugar load', or how well the glucose is moved from your blood to your body's cells. Before the test you need to fast for 8 hours (you may drink water during this time) and then you have a blood test. After the first blood test you have a drink that contains glucose. You need to wait in the laboratory and have the blood test repeated 1 and 2 hours after you have the drink. The GTT can identify women who may have elevated blood sugars. It is a safe test, but occasionally some women may feel nauseous or vomit. Most women have no side effects completing the test. Other simpler tests have been tried but are not as good at detecting GDM.

A small number of women are not able to have a GTT because of previous stomach surgery or because they vomit during the test. We will make other arrangements for you if that is the case. Your midwife or doctor will contact the Diabetes Educator at RHW.

All other women are recommended to have a GTT as directed by your midwife or doctor. It is very important for the safety of your pregnancy and the well-being of your baby.

Gestational diabetes will be diagnosed if your blood sugar levels are above what they should be, and your midwife or doctor will refer you to the Diabetes Educator at RHW.

If you choose not to have a GTT, we will make the relevant documentation into our medical records that all the above has been explained to you and you have chosen not to have the test.