

Approvals:

Maternity Guidelines Group: V2 May 2007, V3 May 2012, V4 Dec 2015, V5 Mar 2019

Divisional Board: V2 Jan 2007, V3 Jun 2012, V4 Feb 2016, V5 Jun 2019

Clinical Guidelines Subgroup: Not required

MSLC: V2 Jan 2007, V4 Jan 2016, V5 Sep 2019

Equality Impact Assessment: V2 completed, V4 completed, V5 Jun 2019

Patient Experience Group: V2 Nov 2006, V4 May 2016, V5 Dec 2019

Division of Women, Children & Sexual Health Services

How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Antenatal Screening for Diabetes in Pregnancy

Patient information leaflet

If you want this leaflet in another language or an alternative format please contact the Diabetes Specialist

Gestational Diabetes

Gestational diabetes is a form of diabetes which affects an estimated 5% (5 in 100) of pregnant women. There is no known specific cause but it is believed the hormones of pregnancy may block the action of insulin in the pancreas resulting in high blood sugars. High blood sugar levels in the mother's body are passed through the placenta to the developing baby. The increased levels can be associated with an increased rate of complications in the baby, including large size at birth, birth trauma, hypoglycemia (low blood sugar) for the baby, and jaundice.

Maintaining control of blood sugar levels significantly reduces the risk to the baby and if you are found to have this diabetes, you will be cared for by Doctors and Midwives, will be taught how to monitor your blood glucose levels and have the growth of your baby closely monitored.

Gestational diabetes usually begins in the second half of pregnancy, and goes away after the baby is born. Occasionally, gestational diabetes is found in the first months of pregnancy which could suggest diabetes existed before you were pregnant.

Booking

When you first see your Midwife for the booking visit, various blood tests are taken. One of these is to test for diabetes in pregnancy with a random blood glucose (sugar test). A normal result is below 7.0mmols. If your test is normal no further tests are needed. If the result is raised, a further test called a Glucose Tolerance Test (GTT) is necessary and a letter explaining this will be sent to you.

Details about a GTT are described later in this leaflet.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Head of Midwifery
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

At 28 weeks of pregnancy

Women considered to be at a slightly increased risk of having gestational diabetes (diabetes of pregnancy) will be asked to have a glucose tolerance test. This will be discussed with you at your first booking appointment with your Midwife.

Who will be included?

- If you have had a previous baby weighing over 4.5kgs.
- If there is a family history of diabetes or gestational diabetes (parent or sibling only).
- If your family origin is South Asia, black Caribbean or Middle Eastern.
- If your Body Mass Index is over 30 (this is a ratio of your weight and height calculated by your Midwife at booking).
- If you suffer from polycystic ovarian syndrome.
- If you have had a stillbirth or unexplained pregnancy loss after 28 weeks of pregnancy.
- If you have any specific factors arising during pregnancy i.e. glucose++ in your urine on one occasion, or glucose+ on two occasions or an increase of fluid around the baby (polyhydramnios).

What happens in a Glucose Tolerance Test?

- A GTT is a test where your body is challenged with a measured dose of sugar.
- You will need to have nothing to eat or drink for 12 hours before the test is taken.
- Sips of water are allowed.
- No smoking (prior to the test). Smoking cessation support can be accessed via your Midwife .

On arrival for your GTT

- An initial blood test will be taken.
- You will be asked to have a glucose drink.
- After this you will then be asked to remain in the hospital clinic for the next two hours and to sit and rest. (Please bring book/magazine to read).
- Two hours after the glucose drink we will take another blood test.
- Once the second blood test is taken, you are able to leave and carry on as normal. You will be contacted if the result is positive and you will be referred to the Diabetes Specialist Midwife.
- You may wish to bring a healthy snack to eat following your GTT test.

How to arrange a GTT

The GTT will be arranged for you either by your Community Midwife, GP or Hospital Doctor.

Stoke Mandeville Hospital:

Performed in antenatal clinic 01296 316227 (daily at 9.00am).

Wycombe Hospital:

Performed in Pathology Dept 01494 425234.

Amersham Hospital:

Performed in Biochemistry Dept 01494 734244.

Please note these tests are in high demand. If you cannot attend please phone to rearrange.

GTT results

If your results are above the expected normal levels for pregnancy we would treat you as having gestational diabetes (diabetes of pregnancy).

You will be referred to a Diabetes Specialist Midwife for care and advice. You will also be seen in the antenatal clinic.

Any enquires please contact:

Stoke Mandeville Hospital Antenatal Clinic on 01296 316227 (daily at 9.00am)

Wycombe Hospital Pathology Dept on 01494 425234

Amersham Hospital Biochemistry Dept on 01494 734244

Diabetes Specialist Midwife on 07798 581108