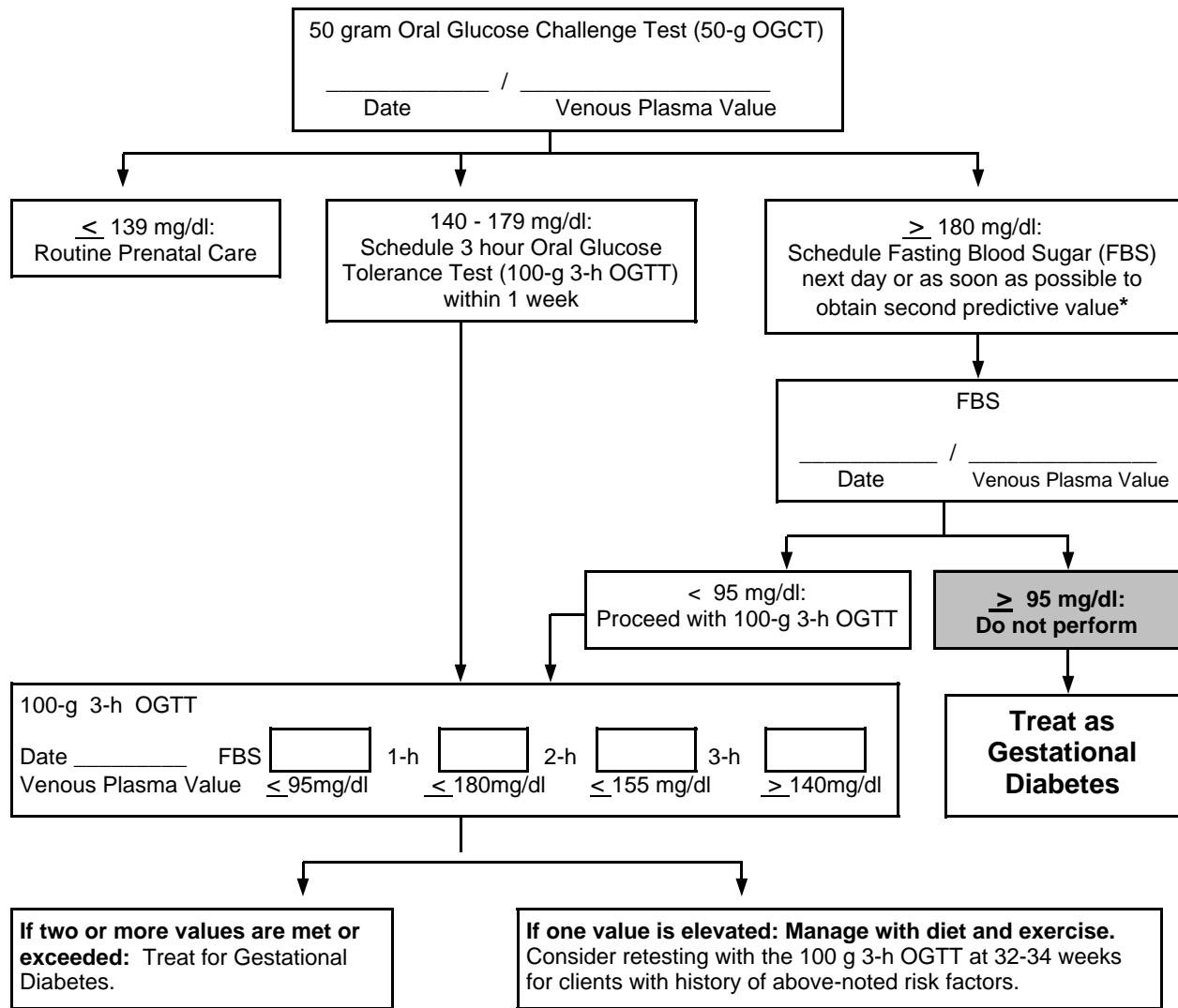


Gestational Diabetes Screening & Diagnosis Worksheet

- First Prenatal Visit:** Screen and test clients who present with one or more of the following risk factors:
 - Previous history of: - gestational diabetes
 - macrosomia
 - unexplained stillbirth
 - malformed infant
 - Family history of overt diabetes among first degree relatives
 - High risk ethnic group: African American, American Indian, Hispanic/Latina, Asian/Pacific Islander, South-East Asian, East Indian
 - Obesity
 - Medications which adversely affect normoglycemia
 - 24-28 weeks:** Screen and test all clients not as yet identified as having gestational diabetes. If early screening was normal, repeat evaluation.

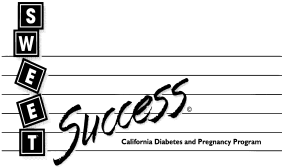


Client Name: _____ EDD: _____

Refer to Sweet Success Date Referred: _____ Other follow-up plan: _____

Diabetes Care, August 1998, Suppl. 2, pp B14-26.
 Diabetes Care, Jan. 2004, Supplement 1; pages S 5-11.

*Clinical Diabetes, Vol. 15, #1. Jan-Feb 1998. Carr, DC and Gabbe, S. Gestational Diabetes: Detection, Management and Implications.



Glucose Testing Instructions

- **Screening Test for Gestational Diabetes:**

- 50 Gram Oral Glucose Challenge Test (50-g OGCT)

- a. Pre-test Instructions:
 - No special diet preparation required
 - b. Administered during office visit, without respect to time of day or last meal.
 - c. **50 grams** glucose (such as glucola), consumed in less than 5 minutes.
 - d. Venous plasma glucose level drawn 1 hour from start of ingestion of the glucose load.
 - f. Venous plasma glucose level should be assayed by an enzyme method such as glucose oxidase or hexinase.

- **Diagnostic (confirmatory) Test for Gestational Diabetes:**

- 100 Gram Oral glucose Tolerance Test (100-g 3-h OGTT)

- a. Pre-test Instructions:
 - Fast of at least 8 hours and no more than 14 hours (water okay).
 - Instruct clients to “eat normally” for at least three days. There are no specific pre-fast diet recommendations, since most healthy women consume an adequate amount (≥ 150 grams) of carbohydrate.

Clients who exhibit the following nutritional risk factors may have an inadequate carbohydrate intake:

 - hyperemesis gravidarum
 - acute medical or lifestyle stress
 - chronic malnutrition
 - philosophical/religious/health beliefs restricting diet
 - eating disorders
 - NPO: medical or self-directed
 - b. Fasting venous plasma level drawn.
 - c. **100 grams** glucose (such as glucola), consumed in less than 5 minutes.
 - d. No smoking, remain seated.
 - e. Venous plasma glucose level drawn: 1, 2, and 3 hours from start of ingestion of the glucose load.
 - f. Venous plasma glucose level should be assayed by an enzyme method such as glucose oxidase or hexokinase.

- **Postpartum Diagnostic (confirmatory) and Annual Screening for Type 2 Diabetes Mellitus:**

All clients diagnosed with gestational diabetes are to be tested postpartum for overt diabetes and annually thereafter. Test according to the following American Diabetes Association Guidelines (2004).

DIAGNOSING DIABETES:

LABORATORY TESTS			
STAGE / TEST	75-g 2-h ORAL GLUCOSE TOLERANCE TEST (fasted state) 2 h venous plasma glucose level (Recommend > 6 weeks postpartum)*	FASTING VENOUS PLASMA GLUCOSE* (Preferred Annual Screening)	CASUAL VENOUS PLASMA GLUCOSE
Diabetes (DM)	≥ 200 mg/dl**	≥ 126 mg/dl**	> 200 mg/dl plus symptoms**
Impaired Glucose Tolerance (Pre-diabetes)*** Impaired Fasting	Impaired Glucose Tolerance (IGT) ≥ 140 and < 200 mg/dl	Impaired Fasting Glucose (IFG) ≥ 100 mg/dl and < 126 mg/dl***	
Normoglycemia	< 140 mg/dl	FPG < 100 mg/dl***	

* If mother is breastfeeding, consider retesting 1 month post weaning. Obstetrics and Gynecology Vol. 82, No.3, Sept 1993. pp.451-455.

** In the absence of unequivocal hyperglycemia and acute metabolic decompensation, these criteria should be confirmed by repeat testing on a different day.

***Diabetes Care, Vol..27, Suppl. 1, 2004, pp. S 5-11.