Screening for GDM during COVID restrictions – Recommendations from New Zealand Society for the Study of Diabetes

These recommendations are based on a consensus view from the NZSSD Executive and Physicians involved in managing diabetes in pregnancy, including Māori members of the society and in conjunction with Obstetricians. We recognise that each area in New Zealand may have different needs and different services available, so these recommendations are a guide to be used alongside the 2014 National Guideline for Diabetes in Pregnancy, and good clinical judgement.

Where practical and available usual screening practices and management should continue:

1. An HbA1c will be included with first antenatal bloods and all women with HbA1c >40mmol/mol will be referred to a specialist clinic.

2. Any woman with previous GDM will be referred to commence testing.

3. For women with HbA1c <41mmol/mol:

At 24-28 weeks:

- A 50g polycose test is not recommended to avoid excess time in the laboratory
- If practical and available perform a 2h OGTT and refer per usual diagnostic criteria
- If an OGTT is not possible for reasons such as: the local laboratory is not offering the test; there are no accessible laboratories; the laboratory cannot provide appropriate social isolation; perform a fasting glucose.
    - If fasting glucose ≥5.0mmol/L refer to diabetes in pregnancy service
    - If fasting glucose 4.5mmol/L to 5.0mmol/L consider capillary glucose testing and dietetic support, particularly if women have other risk factors – Maori, Pacific or Indian ethnicities, family history of diabetes, increased BMI, etc. Glucose levels can be reviewed after 1-2 weeks of testing and appropriate management implemented, which may include stopping testing.
    - If fasting glucose <4.5mmol/L women are unlikely to have GDM. Further testing is unnecessary unless women have other risk factors.

A reminder that all women should have their flu vaccination.