

## Patient information factsheet

# Screening test for gestational diabetes (diabetes during pregnancy)

We have written this factsheet to give you more information about screening for gestational diabetes. It explains what gestational diabetes is and the steps that can be taken to identify and treat it. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to your midwife, obstetrician (a doctor specialising in pregnancy), or a member of the diabetes team using the contact details at the end of this factsheet.

### **What is gestational diabetes?**

Gestational diabetes (also known as gestational diabetes mellitus or GDM) is a type of diabetes that occurs in about 1 in 20 pregnancies. It only occurs during pregnancy and happens because of the changes in your hormone levels.

### **How it occurs**

Glucose is a type of sugar which gives your body energy and it is found in the food you eat. It travels around your body in your bloodstream and its ability to enter your body's cells where it can be used as a source of energy is controlled by a hormone produced by your pancreas known as insulin.

During pregnancy, your placenta also produces hormones. These hormones help your pregnancy develop but they can also make the hormone insulin less effective. This can cause your blood glucose levels to become higher than normal and the amount available for your cells to use as energy decreases. Usually, your body will respond by making more insulin, but if this isn't enough, your blood glucose level will remain high and gestational diabetes develops.

GDM can affect your health and the wellbeing of your baby during pregnancy, labour and birth. However, the effects can be reduced if it is detected and treated. In most cases, GDM is detected through a blood test called an oral glucose tolerance test (OGTT). We will offer you an OGTT if you're likely to develop GDM.

### **Why has your midwife or doctor recommended an OGTT?**

Your likelihood of developing GDM during your pregnancy is increased if:

- your previous baby weighed 4.5kg or more
- you had GDM in a previous pregnancy
- one of your parents or siblings has diabetes

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- your ethnic origin is Black Caribbean, South Asian or Middle Eastern
- you have a body mass index (BMI) of 30 or above at your booking appointment
- you have polycystic ovary disease or pre-diabetes
- you are taking medication for your mental health and wellbeing
- you are taking anti-retroviral medication
- your urine showed glucose levels of 1+ on two or more occasions or 2+ on one occasion (before 34 weeks of pregnancy)

Eating healthily and exercising regularly throughout your pregnancy is important as this can help you regulate your blood sugar levels. Please ask your midwife about the steps you can take to improve your diet and lifestyle choices. This will reduce your likelihood of developing GDM and help you and your baby remain healthy.

## Before your OGTT

Your OGTT appointment will be in the morning. We will give you the details of when and where to go for your test, as OGTTs are usually offered in Midwifery Hubs in and around Southampton.

Please allow at least two hours for this appointment, and make sure that you have your normal evening meal the night before your test. After midnight (and until your test is over), please:

- do not eat anything, including chewing gum (you may still drink water as normal)
- do not smoke
- do not take any indigestion remedies or vitamins

**You can take essential medication such as thyroxine and blood pressure tablets as usual.**

## During your OGTT

1. We will take a blood sample to measure your fasting blood glucose level.
2. We will then give you a glucose (sugary) drink (usually called Polycal) with a glass of water. **Please drink both of these slowly over five minutes.** They are both measured amounts, so you will need to drink both glasses.
3. After two hours, we will take another blood sample.

Between blood tests, we recommend that you sit quietly. Both samples will be sent for analysis to see how your body deals with the glucose (sugar). You can drink water during your OGTT, but you cannot eat anything until after the second blood sample has been taken. You may bring something to eat for after the test.

## When will I get the results of my OGTT?

Contact your midwife two to three days after your OGTT and ask them for your results.

## What happens if my OGTT results are normal?

This means you do not have GDM at the moment. Your midwife will discuss your results with you at your next antenatal appointment. We may recommend repeating the OGTT later in your pregnancy. Your midwife will also discuss steps you can take to keep you and your baby healthy and prevent diabetes. It is important to continue eating a healthy diet and remain active.

## What happens if my OGTT results show I have GDM?

If your results show that you have GDM, we will explain this to you and give you an opportunity to ask any questions you may have. It's important that you understand what GDM is and what to do next, so please feel free to ask us anything. We recommend that you look at the GDM resources listed in the useful links below.

The diabetes team will contact you, usually within three working days of being notified of your result. We normally recommend:

- a telephone consultation with the diabetes midwifery team
- online information to help you understand GDM and the recommended management and treatments
- a glucometer for blood glucose monitoring
- a follow-up consultation to review your blood glucose after diet and lifestyle adjustments

## Limitations of the OGTT

It is important that you understand that the OGTT has some limitations:

- It may not detect all cases of gestational diabetes (it identifies around 50-60%), and sometimes further testing is needed.
- In some cases, even when the test result is positive, the raised glucose levels may not cause any harm to you or your baby during pregnancy.

## Risk of developing type 2 diabetes

If you develop GDM, you have a higher risk of developing type 2 diabetes in later life. We recommend a referral to the national type 2 diabetes prevention programme to help you reduce this long-term risk. We can do this during your pregnancy or within the first year after the birth of your baby. For more information, please visit [preventing-diabetes.co.uk/locations/hampshire-isle-of-wight](http://preventing-diabetes.co.uk/locations/hampshire-isle-of-wight)

## Useful links

If you have GDM, we recommend visiting these websites as soon as possible for more information and guidance:

Diabetes UK - Gestational diabetes

[www.diabetes.org.uk/about-diabetes/gestational-diabetes](http://www.diabetes.org.uk/about-diabetes/gestational-diabetes)

UHS Patient information - Diabetes in pregnancy

[www.uhs.nhs.uk/departments/maternity-services/maternity-and-parent-information/diabetes-in-pregnancy](http://www.uhs.nhs.uk/departments/maternity-services/maternity-and-parent-information/diabetes-in-pregnancy)

Healthier together

[www.healthiertogether.nhs.uk](http://www.healthiertogether.nhs.uk)

Healthier you - NHS diabetes prevention programme

[www.preventing-diabetes.co.uk/locations/hampshire-isle-of-wight](http://www.preventing-diabetes.co.uk/locations/hampshire-isle-of-wight)

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## Useful contacts

Diabetes Team Midwives:

Telephone: **0776 844 7451**

Telephone: **0777 571 5930**

Maternity Triage Line

Telephone: **0300 123 9001** (24-hour line)

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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