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.

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

- < 139 mg/dl: Routine Prenatal Care
- 140 - 179 mg/dl: Schedule 3 hour Oral Glucose Tolerance Test (100-g 3-h OGTT) within 1 week
- ≥ 180 mg/dl: Schedule Fasting Blood Sugar (FBS) next day or as soon as possible to obtain second predictive value*

100-g 3-h OGTT

- < 95 mg/dl: Proceed with 100-g 3-h OGTT
- ≥ 95 mg/dl: Do not perform

Treat as Gestational Diabetes

If two or more values are met or exceeded: Treat for Gestational Diabetes.

If one value is elevated: Manage with diet and exercise.
    Consider retesting with the 100 g 3-h OGTT at 32-34 weeks for clients with history of above-noted risk factors.

Client Name: ______________________________________________________   EDD: ___________________

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

Diabetes Care, Jan. 2004, Supplement 1; pages S 5-11.
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.
  e. 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:**

<table>
<thead>
<tr>
<th>STAGE / TEST</th>
<th>75-g 2-h ORAL GLUCOSE TOLERANCE TEST (fasted state)</th>
<th>FASTING VENOUS PLASMA GLUCOSE* (Preferred Annual Screening)</th>
<th>CASUAL VENOUS PLASMA GLUCOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (DM)</td>
<td>≥ 200 mg/dl**</td>
<td>≥ 126 mg/dl**</td>
<td>&gt; 200 mg/dl plus symptoms**</td>
</tr>
<tr>
<td>Impaired Glucose Tolerance (Prediabetes)**</td>
<td>Impaired Glucose Tolerance (IGT) ≥ 140 and &lt; 200 mg/dl</td>
<td>Impaired Fasting Glucose (IFG) ≥ 100 mg/dl and &lt; 126 mg/dl**</td>
<td></td>
</tr>
<tr>
<td>Impaired Fasting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normoglycemia</td>
<td>&lt; 140 mg/dl</td>
<td>FPG &lt; 100 mg/dl***</td>
<td></td>
</tr>
</tbody>
</table>

** In the absence of unequivocal hyperglycemia and acute metabolic decompensation, these criteria should be confirmed by repeat testing on a different day.
10/04