**Title:** Screening for Gestational Diabetes Mellitus (GDM) and Diabetes Mellitus (DM) in Pregnancy and Postpartum

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<th>Policy Number:</th>
<th>4C.42</th>
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<tbody>
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<td>Version Number:</td>
<td>3</td>
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<tr>
<td>Approved By:</td>
<td>Linda McMurry, DNP, RN, NEA-BC, LCCHWC Executive Director</td>
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<td>CHWCCA Board of Directors</td>
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<td>Effective Date:</td>
<td>01/28/2019</td>
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<td>Original Date:</td>
<td>07/06/2015</td>
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**POLICY | PURPOSE STATEMENT:**
The purpose of the policy is to establish a formal process to delineate in writing the policy regarding screening for diabetes mellitus in pregnancy and postpartum for women at the Texas Tech University Health Sciences Center School of Nursing (TTUHSC SON) and Larry Combest Community Health and Wellness Center (LCCHWC).

**SCOPE**
This policy applies to all clinic staff and all patients of the Larry Combest Community Health and Wellness Center Clinics.

**PROCEDURE:**
First Trimester Screening:
- Women at highest risk for gestational diabetes mellitus (GDM) should be screened by HgbA1c during the initial physical exam of pregnancy. A level of high risk will be determined by factors delineated by the most current edition of Varney’s Midwifery and of the ACOG Practice Bulletin regarding gestational diabetes mellitus, including, but not limited to:
  1. Previous history of any known form of diabetes mellitus (DM) or glucose intolerance (type 1, type 2, gestational or metabolic syndrome)
  2. Obesity, defined as a BMI > or equal to 30 [weight in kg divided by height in meters squared]
- HgbA1c greater than or equal to 6.5%: diagnosis made of DM, consultation with collaborating physician for referral and consultation of and referral to the Diabetes Education Center.
- HbA1c less than 6.5%: diet counseling given and re-screen at 26-28 weeks gestation w/ 50 gm OGTT.
Policy and Procedure

Second Trimester Screening:

- At approximately 26-28 gestational weeks, a 50 gm oral glucose bolus will be administered non-fasting in clinic with a one-hour follow-up blood draw for glucose level.
  1. One-hour blood glucose level lower than 140mg/dL: diet evaluation and counseling as needed
  2. One-hour blood glucose level equal to or greater than 140mg/dL: schedule client for a 100 gm diagnostic OGTT
  3. Perform diet evaluation and give diet counseling.

Second Trimester Diagnostic Testing:

- A 100 gm oral glucose bolus will be administered fasting (minimum 8 hours) for those clients with a 50 gm OGTT screening result of greater than or equal to 140mg/dL.
- Any two values greater than or equal to the Carpenter and Coustan Conversion threshold values listed below are diagnostic for GDM and warrant a consultation for referral to the collaborating physician and consultation of and referral to the diabetes dietician/educator:
  1. Fasting Glucose: 95mg/dL
  2. One hour: 180mg/dL
  3. Two hours: 155mg/dL
  4. Three hours: 140mg/dL

Postpartum Screening and Testing:

- A fasting blood sugar check will be done at approximately 6-12 weeks postpartum after a pregnancy diagnosed with GDM to screen for whether or not additional testing is needed to diagnose abnormal glucose tolerance and DM.
  1. A normal fasting glucose level is <110mg/dL
  2. A 75 gm OGTT will be scheduled and administered if the fasting glucose is 110-125mg/dL (see below)
  3. A fasting glucose level >125mg/dL on two or more occasions confirms a diagnosis of DM in the non-pregnant woman

- A 75 gm oral glucose bolus will be administered fasting (minimum 8 hours) with a two hour follow-up blood glucose draw for those clients with a fasting blood glucose screening level of 110-125mg/dL at a 6-12 week postpartum visit

- Any values greater than or equal to the threshold values listed below are diagnostic and warrant a consultation of or referral to the client’s PCP and to the diabetes dietician/educator:
1. Fasting: 126mg/dL or higher-confirms diagnosis of DM with a prior value greater than >125mg/dL
2. Two hours: 140-199mg/dL-diagnosis of impaired glucose tolerance
   200mg/dL or higher-diagnosis of DM

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Policy & Procedures Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the Clinical Services Director.

RIGHT TO CHANGE POLICY:
TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.