



**Southern Health  
and Social Care Trust**

*Quality Care - for you, with you*

## Maternity Staff

### STANDARD OPERATING PROCEDURE

<b>TITLE</b>	<b>Procedure for Glucose Tolerance Test risk assessment, appointment and follow up.</b>
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The Oral Glucose Tolerance test is a screening tool for gestational diabetes.

**It is recommended that women who meet the following criteria should be offered a glucose tolerance between 24 and 26 weeks gestation.**

- Booking BMI above 30kg/m<sup>2</sup>
- Previous Macrosomic baby weighing 4.5kg or above
- Previous gestational diabetes (a test should also be offered at 16 weeks gestation)
- Family history of diabetes (first degree relative)
- Polycystic ovaries
- Family origin with a high prevalence of diabetes
  - South Asia – India, Pakistan or Bangladesh
  - Black Caribbean
  - Middle eastern – Saudi Arabia
  - United Arab Emirates – Iraq, Jordan, Syria, Oman, Qatar, Kuwait, Lebanon, or Egypt

**Women with a random blood glucose equal to or greater than 6.7mmols/L should be offered a GTT as soon as possible.**

**Women with glycosuria (+ on 2 occasions or ++ on 1 occasion) should be offered a GTT as soon as possible.**

**Women with an EFW detected above the 90<sup>th</sup> centile should be offered a GTT as soon as possible.**

**Women with a random blood glucose equal to or greater than 7.8mmols/L should be discussed with the on call endocrine team to decide if a GTT should be done, or if they should be referred straight to the combined obstetric/endocrine clinic.**

**\*\*\*Women who have had gastric sleeve or gastric bypass surgery are not suitable for the OGTT. Instead they should be referred to the Diabetic nurse specialist at 26 weeks for glucose monitoring if they meet any of the above risk factors.\*\*\***

## Procedure for Glucose Tolerance Test

Confirm the Patients details and that she has fasted from 10pm the night before. Is the patient has eaten or drank anything on the morning of the test, the test must be abandoned and a repeat appointment given.

Explain the nature of the procedure and that the patient should not eat or drink anything for the duration of the test.

The first fasting blood sample should be collected. 'T0' should be written on the sample tube label.

Record the full patients details on the collection form including the date and time of the sample. The code for each site (see appendix 1) should be recorded on the form under 'consultant code'

A midwife should check the allergy status before administering the RapiLOSE.

The patient must consume the pouch of rapilose within 5 minutes.

This must be recorded on the kardex by the midwife as a midwives exemption.

## Follow up of Glucose Tolerance test results

Exactly 1 hour after the rapilose a further blood sample should be collected. 'T1' should be written on the sample tube label.

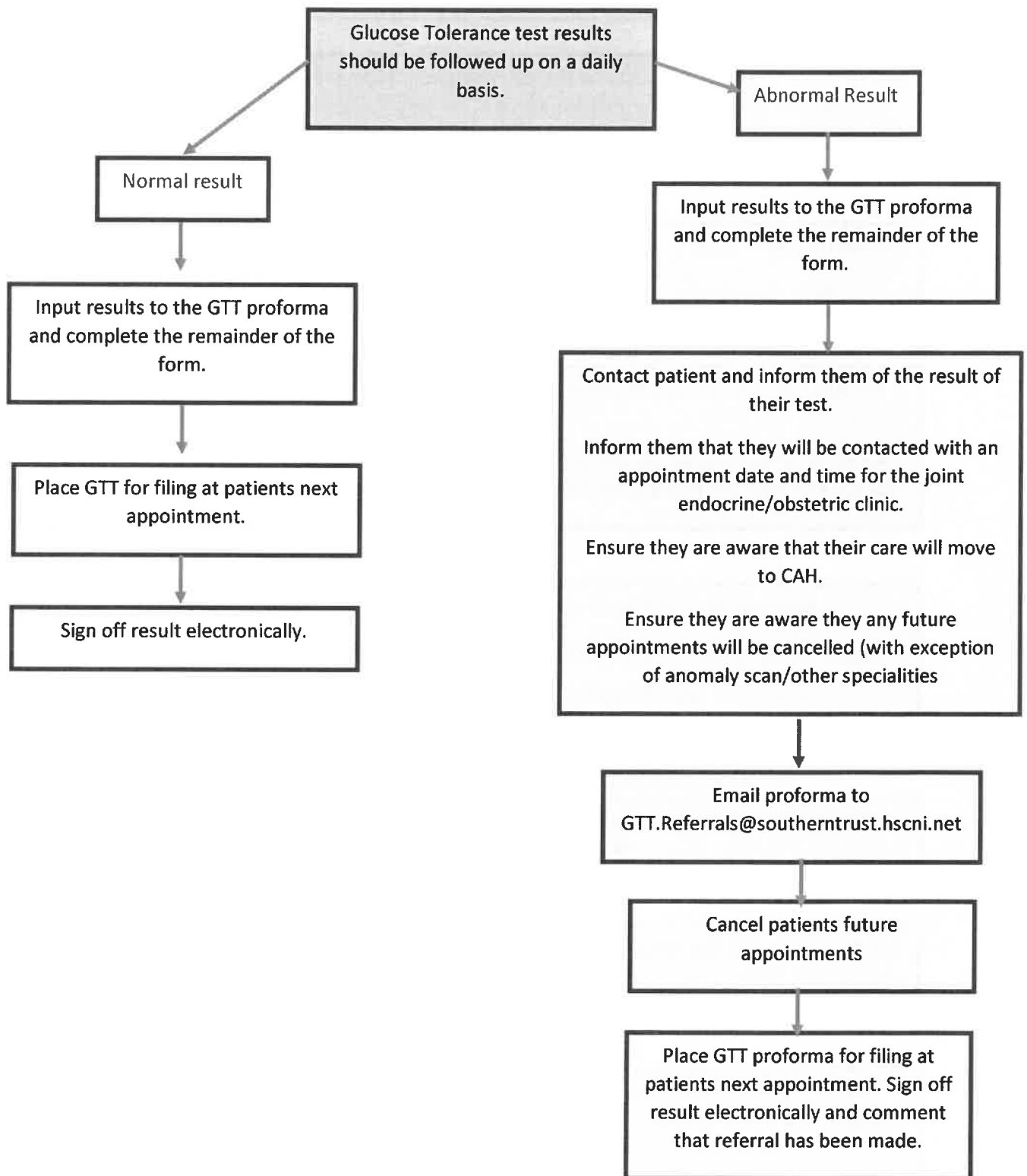
Exactly 2 hours after the rapilose a further blood sample should be taken. 'T2' should be written on the sample tube label.

The test is now complete. Inform the patient that they can now eat and drink normally. Inform the patient that they will be contacted if their result is abnormal. If the result is normal they will not be contacted, and will receive the result at their next appointment.

Ensure the patient has a follow up antenatal appointment.

Ensure the collection form is fully complete with the correct code, and with T0, T1 and T2 written on the sample tube labels.

Send to lab for analysis.



## Appendix 1

Codes for OGTT for each site. This should be entered on the blood form under 'Consultant Code'

Craigavon	MWOGTT
Daisy Hill	DMWGTT
Armagh	ANWOGTT
South Tyrone	SMWOGTT

