

FOI 3169

17th July 2025

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

I would like to make a freedom of information request to access your NHS trust's guideline that covers the screening and management of diabetes in pregnancy or gestational diabetes.

I am interested to know in detail how your trust screens pregnant women who have a history of gestational diabetes in a previous pregnancy for gestational diabetes in their subsequent pregnancy. This would include multiple details that would be best covered by receiving the full guideline, including

- i) method(s) of screening for gestational diabetes in those with previous gestational diabetes (such as early capillary blood glucose monitoring, glucose tolerance tests, random blood glucose, HbA1c etc.)**
- ii) diagnostic thresholds for method of screening**
- iii) gestation that screening method occurs and whether it is repeated or continued throughout the pregnancy**

Response

The Risk assessments are undertaken at booking for women at risk of gestational diabetes including those that have had a previous pregnancy with Gestational Diabetes Mellitus (GDM).

A Random blood glucose is taken at booking. If random Blood glucose is 6.7 mmols/L or above women are offered an oral glucose tolerance test.

Anyone with previous GDM is offered an Oral Glucose Tolerance Test (Rapirose) at 16 weeks gestation and repeated at 26 weeks gestation.

Anyone with glucosuria on 2 or more occasions or glucosuria with 2 ++ on clinitect urine testing is offered an OGTT. Please see attached document 1 (Procedure for Glucose Tolerance Test Risk Assessment)

Reference range for OGTT results – (referral to endocrine if outside this reference range).

Fasting result > or equal to 5.1mmols/L

1 hour > or equal to 10 mmols/L

2 hour > or equal to 8.5 mmols/L

- Fasting blood glucose of <6 mmols/L with no other risk factors are referred to the endocrine group session with Diabetic specialist nurse (DSN).
- Following this group session there is an appointment arranged with the endocrine Consultant.
- Fasting blood glucose <7mmols/L with any of the risk factors below and no known fetal macrosomia need to be referred to the joint antenatal diabetic/obstetric clinic in which the DSN is present.

- Fasting blood glucose >6.1mmols/L and known macrosomia of greater than or equal to 7.1mmols/L with/without presence of macrosomia, urgent referral to endocrine team on call with an appointment to the joint antenatal diabetic/obstetric clinic in which the DSN is present.
- whether any treatment or specific advice is given at the start of pregnancy to mothers with a history of previous gestational diabetes prior to the results of any screening test.

All women at booking are advised in relation to their diet and risk factors for GDM. Women who are previous GDM are advised of the plan to undertake an individual risk assessment and glucose tolerance testing to monitor and diagnose GDM.

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