

# Gestational diabetes Canadian Diabetes Association

## and post-partum screening

### Why the 2 hour OGTT?

Because a postpartum fasting glucose alone can miss up to 40% of dysglycemia, a 75g OGTT should be done between 6 weeks and 6 months postpartum.



### Gestational diabetes: gone but not forgotten

With their newborn in their arms, women who have had gestational diabetes mellitus (GDM) may be happy to leave behind the work involved with the management of diabetes. However, these women require regular diabetes screening as they remain at high risk for developing type 2 diabetes.

### When should women who have had GDM be screened for type 2 diabetes?

- Within 6 weeks to 6 months postpartum, with a 2 hour 75 g oral glucose tolerance test (OGTT).
- Before a future pregnancy.
- Every 3 years or more often, depending on the presence of other risk factors for type 2 diabetes.

### Why focus on screening?

- GDM increases significantly the risk of developing type 2 diabetes later in life.
- As few as 50% of women who have had GDM receive appropriate postpartum screening. Identifying women:
  - With prediabetes allows for targeted lifestyle intervention to reduce the risk for developing type 2 diabetes later in life.
  - With type 2 diabetes allows for targeted intervention to reduce the risk of end-organ injury and allows for optimized blood glucose control prior to any future pregnancies. Insufficiently controlled blood glucose leads to increased maternal and perinatal morbidity OR leads to higher rates of complications compared to the general population, including perinatal mortality, congenital malformations, hypertension, preterm delivery, large-for-gestational-age infants, caesarean delivery and neonatal morbidities.

## WHO is responsible?

Each healthcare professional has the responsibility to ensure that the OGTT has been ordered and the results have been reviewed  
Start lifestyle counselling  
During pregnancy and continue postpartum

Screen women who have had GDM for type 2 diabetes

- Within 6 weeks to 6 months postpartum.
- Before a future pregnancy.
- Every 3 years or more often.

## Thank you to those who helped with content:

**Jennifer Snyder PDt MSc (original author), Marion Barltrop BScN RN CDE, Ian Blumer MD FRCPC, Denice Feig MD MSc FRCPC, Erin Keely MD FRCPC, Tessa Laubscher MBChB CCFP, Louise LeFebvre RD BSc, Sara Meltzer MD FRCPC FACP, Sharon Rouatt RN CDE, Edmond A. Ryan MD FRCPC and Kendra Townsend BSP CDE**

## Who Can Make a Difference?

### Women who have had GDM

- During pregnancy and postpartum, women can take charge of their own health by booking and following up on postpartum testing.

### All healthcare providers

- Everyone can help improve the frequency of diabetes screening for women who have had GDM, whether it's the diabetes care team, the obstetrician, family physician, nurse practitioner, public health clinic, or midwife.
- During pregnancy discuss the importance of postpartum screening.
- At the first postpartum encounter, ensure the postpartum OGTT is booked.
- Follow up on the postpartum OGTT results and review them with the patient.

If the result is positive, refer to a diabetes education program for the management of prediabetes or type 2 diabetes.

If the result is negative, rescreen prior to any future planned pregnancy and/or every 3 years or more often depending on other risk factors.

- Reinforce healthy lifestyle. Modification of diet and exercise can reduce the risk of developing type 2 diabetes by up to 60%.
- Ensure proper use of birth control, so pregnancies are planned and appropriate care can be provided before conception.

### CDA 2013 Clinical Practice Guidelines chapters of interest

- Diabetes and Pregnancy (pages S168 – S183)
- Screening for Type 1 and Type 2 Diabetes (pages S12 – S15)
- Reducing the Risk of Developing Diabetes (pages S17 – S19)

Additional resources to support women with GDM during pregnancy and postpartum can be found at [www.guidelines.diabetes.ca](http://www.guidelines.diabetes.ca).

Download and print these information and fact sheets:

Gestational diabetes fact sheet

As you take your baby in your arms

Guide for a healthy lifestyle after gestational diabetes

*Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters help us provide education and services to people living with diabetes, advocate for our cause, break ground towards a cure and translate research into practical applications.*

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