

Gestational diabetes (GDM) screening



REGION SJÆLLAND

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Background

Approximately 6 percent of all pregnant women develop gestational diabetes during pregnancy, often without showing any symptoms.

Gestational diabetes mellitus (GDM), if left undiagnosed and untreated, may lead to significant complications for both mother and child before, during, and after delivery.

Therefore, pregnant women identified as being at increased risk of developing GDM are offered a screening.

The screening test involves an oral glucose tolerance test (OGTT), which assesses the body's ability to regulate blood sugar levels.

Blood glucose

Glucose serves as the body's primary energy source and its uptake is regulated by the hormone insulin.

Pregnancy induces changes in glucose metabolism, requiring the body to produce approximately 1.5 times more insulin than usual during the latter half of pregnancy.

While this adaptation occurs naturally for most women, some are unable to produce sufficient insulin and consequently develop gestational diabetes.

This results in impaired glucose uptake, leading to elevated blood glucose levels and potentially glucose in the urine.

Risk Factors

You are at increased risk of developing GDM if you:

- Have glucose in your urine.
- Have had GDM in a previous pregnancy.
- Were overweight prior to pregnancy ($\text{BMI} \geq 27$).
- Have a family history of diabetes (type 1 or type 2) among grandparents, parents, siblings, or your own children.
- Previously gave birth to a child weighing more than 4500 grams.
- Have polycystic ovary syndrome (PCOS).
- Are expecting twins or multiples.

If glucose is detected in your urine, it is recommended that you undergo an OGTT as soon as possible unless you have had one within the past 4 to 6 weeks.

If you have a history of GDM or have two or more additional risk factors, it is recommended that you undergo two OGTTs during pregnancy: once between gestational weeks 10 and 20, and again between weeks 24 and 28.

If the first OGTT during the current pregnancy was normal, or if you only have one risk factor, a single OGTT is recommended between gestational weeks 24 and 28.

Preparation for the OGTT

- Maintain a normal diet and usual physical activity for 3 days prior to the test.
- Ensure you have not had a fever or been ill in the 24 hours preceding the test.
- Fast for at least 8 hours before the test; you may drink a small amount of water and take essential medications.
- Refrain from smoking, chewing gum, or using nicotine patches during the fasting period.

The OGTT

You will be required to drink a glucose solution, followed by a two-hour waiting period at the clinic. Please bring a book (magazine, knitting etc.) for the two-hour waiting time.

During the waiting time, you must abstain from eating, drinking, or smoking.

After two hours, a blood sample will be taken, after which you may resume eating and drinking and you may leave the clinic.

Test Results

The results will be forwarded to the Pregnancy Clinic (Svangreambulatoriet).

If the results are within the normal range, no further action will be taken.

If results fall within a borderline range (blood glucose 8-9 mmol/L), a repeat test will be scheduled in approximately 4 weeks. You will receive notification via your secure digital mailbox (E-Boks).

If the diagnosis of gestational diabetes is confirmed (blood glucose ≥ 9.0 mmol/L), you will be contacted within 4 to 6 days with information regarding treatment and monitoring.

Practical Information

You will have to book the appointment for the OGTT online at [link to book blood tests](#).

If you do not have NemID, assistance with booking is available by phone at 22403060 on weekdays between 8:00–9:00 AM and 1:30–2:30 PM.

The test can be performed at any of the region's laboratories.

Addresses and opening hours are available on the regional website:

regionsjaelland.dk

(search for "Blodprøver i region sjælland").

Gynækologisk/Obstetrisk Afdeling

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