

STANDARD OPERATING PROCEDURE

Oral Glucose Tolerance Test (OGTT) in Pregnancy

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PURPOSE
The purpose of this Standard Operating Procedure (SOP) is to ensure that all staff can test for diabetes mellitus, gestational diabetes and impaired glucose tolerance and understand the indications and pathway for these women.
OBJECTIVE
To be able to perform a full 2 hour 75g oral glucose tolerance test (OGTT)
SCOPE
This guidance is relevant to following staff groups: <ul style="list-style-type: none"> • All midwifery, maternity assistant, administrative and phlebotomy staff who work in maternity • All medical staff working within the Obstetrics and Gynaecology team – Consultants, Middle Grades and Juniors • All staff working to manage the patient pathway –Specialist Nurses, Consultants, Service Manager
COMPETENCIES
As per Trust guidelines: Management of Diabetes in Pregnancy Venepuncture competency
INDICATIONS
The OGTT is performed at 24-28 weeks' gestation (unless otherwise stated below): - <ul style="list-style-type: none"> • BMI over 30kg/m² • Previous macrosomic baby weighing 4.5kg or above • Family History of diabetes – First degree relative (mother, father, siblings) • Minority ethnic family origin with a high prevalence of diabetes e.g. Asian, Middle Eastern, Black African, Black Caribbean • Polycystic Ovarian Syndrome (PCOS) • Current use of any antipsychotic medication • Glycosuria 2+ on one occasion or 1+ on 2 occasions any time before 36 weeks (arrange OGTT within 7 days) • Polyhydramnios (single deepest pool >8cm) diagnosed by Ultrasound scan below 36 weeks Baby is large for gestational age (AC >95th or Estimated Fetal Weight >95th centile) below 36 weeks • Previous Gestational Diabetes – OGTT as soon as possible after booking and a further one at 24-28 weeks if first one negative <p>Please note that women who have had bariatric surgery <u>must not</u> be booked for an OGTT and require investigation by BM Profiling.</p> <p>Patient Preparation</p> <ul style="list-style-type: none"> • The patient must have fasted for at least 8 hours and no more than 14 hours (water is permitted). • The patient must have been following their normal diet for three days preceding the test • Must not smoke on the morning of the test or during the test. • Patients must sit quietly during the test and not leave the department

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Women >36 weeks pregnant

For women >36 weeks pregnant **and** if any of the following clinical risk factors apply, refer to the Diabetes in Pregnancy Guideline with reference to BM profiles and Timing of Delivery

- Baby is large for gestational age (AC >95th or Estimated Fetal Weight >95th centile)
- Polyhydramnios (single deepest pool >8cm) diagnosed by Ultrasound
- 2+ Glycosuria on one occasion or 1+ Glycosuria on two or more occasions

PROCESS

1. The Community Midwife (CMW) will identify the risk factors at booking and refer the woman for an OGTT at the appropriate time
2. The CMW will refer via BadgerNet and an appropriate appointment for the woman will be made by maternity reception
3. The CMW will specify the time frame for the OGTT to the maternity reception when the referral is made, based on the information gained

On the day of the test:

4. Confirm the patient's details and that she has fasted and has not smoked on the morning of the test (or during the test). If the patient has eaten or smoked on the morning of the test, the test must be abandoned and a repeat appointment arranged
5. Explain the nature of the procedure to the patient. Two blood samples will be collected, 2 hours apart, before and after the RapiLOSE (75g Glucose sachet) drink. The patient must sit quietly during the procedure and not leave the department - During the Covid-19 Pandemic and due to social distancing requirements, the woman can go back and sit in her car and return her appointed time – 2 hours after she finished the RapiLOSE solution. Women should be advised that they must park as close to the unit as possible
6. The blood tests can be taken by a maternity assistant, phlebotomist or midwife
7. The first fasting blood glucose (grey tube - fluoride oxalate) sample is taken, labelled with all patient identifiers, "FASTING" and time taken
8. The woman will then drink all the RapiLOSE within 10 minutes. She is not allowed to drink or eat anything else until after the second test (ask the woman to wait in her car and return at her appointed time – 2 hours after she finished the RapiLOSE solution). If a woman vomits after drinking the RapiLOSE, the test must be abandoned and rebooked for another day.
9. 2 hours after completing the RapiLOSE drink, the second blood glucose sample (grey tube - fluoride oxalate) to be taken, labelled with all patient identifiers, "2 HOUR SAMPLE" and time of sample
10. Both samples should be sent together to the laboratory for analysis
11. After the second blood test the woman will be allowed home and can eat and drink normally
12. The results of the test will be reviewed and actioned by the diabetes specialist midwives
 - a. if the results are normal they will be available on BadgerNet within 7 days.
 - b. If the results are abnormal then the woman will be telephoned and a treatment pathway commenced. This will be within 7 days of the test.

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Diagnosis of gestational diabetes

A diagnosis of GDM is made with one or both of the following results

- Fasting blood glucose = 5.6 mmol/litre or more
- 2 hour post 75g load, blood glucose = 7.8 mmol/litre or more

RESPONSIBILITIES

All clinical staff are responsible for complying with this policy.

AUDIT

Regular audit of our OGTT pathway should be performed by our joint Obstetric/Diabetes Clinic to ensure that we are completing the pathway and taking timely samples

References: -

1. NICE Guidance (NG 3): - Diabetes in pregnancy: management from preconception to the postnatal period 2015

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