

# Information for Glucose Tolerance Testing in Pregnancy (OGTT)

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**Maternity**

**Patient Information Leaflet**

## **What is gestational diabetes?**

Diabetes that develops during pregnancy is known as gestational diabetes. It usually starts in the middle or towards the end of your pregnancy, rarely before 20 weeks of pregnancy. It occurs because your body cannot produce enough insulin to meet its extra needs in pregnancy.

It may start earlier in pregnancy if you already have problems with your blood glucose levels, or if you have had it in a previous pregnancy.

Your midwife should give you information about gestational diabetes and how it may affect you and your baby before offering to screen for gestational diabetes.

## **Screening for gestational diabetes during pregnancy**

Certain characteristics can indicate that some women are more likely than others to develop gestational diabetes during their pregnancy. At your booking appointment your healthcare team will check if:

- you are overweight (body mass index or BMI 30 kg/m<sup>2</sup> or higher)
- you have given birth to a large baby before (weighing 4.5 kg, or more than the 90th Centile on the customised growth chart)
- you have a parent, brother, or sister with diabetes
- you have had gestational diabetes in a previous pregnancy
- you have polycystic ovarian syndrome
- your family origin is South Asian, black African or Caribbean or Middle Eastern (these groups have a higher risk of developing gestational diabetes)
- you have had a previous unexplained stillbirth
- you are taking certain medications

If you have any of these characteristics, you should be offered a test for gestational diabetes between 24 and 28 weeks of pregnancy.

## **If you have had gestational diabetes before**

If you have had gestational diabetes before, you will be offered an oral glucose tolerance test (OGTT) as soon as possible following your initial contact with a midwife (plus an additional OGTT at 26 weeks if the first test is normal).

## **Other reasons you may be offered testing**

- If there is increased amniotic fluid around your baby and your baby is measuring large on scan
- You have had two episodes of sugar in your urine

**This will be by an alternative method if it is identified after 28 weeks of pregnancy.**

**Please note that routine screening for gestational diabetes (for women who have risk factors at booking) CANNOT be performed after 28 weeks of pregnancy.**

After this point we are unable to undertake screening. If either you or your baby become symptomatic for gestational diabetes after 28 weeks we will offer an alternative method of testing.

## **What to expect at a glucose tolerance test**

To undertake a OGTT you are required to fast for 10 hours prior to the test. Please do not eat, drink, chew gum, or smoke anything in this time as it will affect your results. However, you may drink plain water freely during this time.

Your midwife will provide you with a blood form that you must bring to the test. When you arrive a fasting blood test will be taken and you will be asked to drink a measured amount of a sugary drink.

You will then be asked to remain in the department for a further two hours, during which you will need to continue to fast (only water can be consumed during the duration of an OGTT).

A second blood sample will be taken two hours later, completing the test. After the second sample is taken you may then eat and drink as normal.

We recommend you have a small snack before leaving the test centre as you will have been fasting for over 12 hours by the time the test is completed.

It generally takes between 24-48 hours for the samples to be tested. If your result is within the normal range you will be informed of this at your next midwife appointment. If your result is outside of the normal range you will be contacted by the Specialist Midwife for Diabetes.

## **How we will support you**

If you have a positive OGTT, our Diabetes in Pregnancy team will give you advice and information about gestational diabetes and how to stay healthy during your pregnancy. This should include:

- the risks for you and your baby (see overleaf)
- how to check your own blood glucose level and what your ideal blood glucose level should be
- additional ultrasound scans to monitor your baby's growth
- advice about choosing foods that will help to keep your blood glucose at a healthy and stable level
- information about how to lose weight by changing your diet and taking exercise if you are overweight
- information about your choices for your labour, delivery and postnatal care

Gestational diabetes may be controlled by diet alone. However, some women will need a combination of diet, tablets, and insulin for the remainder of their pregnancy.

Due to the nature of monitoring gestational diabetes you will have frequent appointments (every 2-4 weeks) with the Antenatal Clinic to see the Diabetes in Pregnancy team.

We know that this diagnosis in pregnancy can be stressful or upsetting so please feel free to contact either your community midwife or the Diabetes Specialist Midwife if you have any questions or concerns (details provided on back page).

## **If you have been diagnosed with gestational diabetes**

Women with gestational diabetes are at risk of serious health problems for both themselves and their babies. Your healthcare team should discuss the risks with you and explain that they can be reduced if your blood glucose levels are well controlled.

If you have gestational diabetes, you may be at risk of:

- having a large baby, which increases the likelihood of birth problems
- having your labour induced and/or a caesarean section
- having a miscarriage or stillbirth

Your baby may be at risk of:

- an increased risk of serious health complications at delivery
- health problems following birth that may require intensive hospital care
- developing obesity and/or diabetes in later life

## Your OGTT Appointment

Date:..... Time.....

Where.....

*(see below for address)*

To change or confirm your appointment please call:

**DAU Lancaster:** 01524 583863

**DAU Furness:** 01229 403632

**Helme Chase:** 01539 795 375

Please discuss with your midwife if you have changed/cancelled your appointment.

## Clinic Addresses

### **DAY ASSESSMENT UNIT (DAU)**

Royal Lancaster Infirmary Ashton Road  
Lancaster, LA1 4RP 01524 583863

### **POULTON CHILDRENS CENTRE**

Clarke Street Morecambe LA4 5HT 01524 833644

### **LUNE PARK CHILDRENS CENTRE**

Ryelands Park Owen Road Lancaster, LA1 2LN 01524 382818

### **DAY ASSESSMENT UNIT (DAU)**

Maternity Ward,  
Furness General Hospital Dalton Lane  
Barrow-in-Furness LA14 4LF  
01229 403632

### **HELME CHASE**

Westmorland General Hospital Burton Road, Kendal  
LA9 7RG 01539 795375

## Leaflet Details

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## **Other formats**

If you would like to receive this information in an alternative format, then please contact : 01539 795497.

## **Travelling to our hospitals**

For the best way to plan your journey visit our website:

<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497.

## **Useful Contact Details**

NHS 111 (for 24 hour urgent health advice): telephone 111

## **Your Information**

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

## **Evidence**

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

## **Feedback**

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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