Summary: Postnatal management of gestational diabetes in primary care

Preconception planning

Overweight/obesity?
High risk of developing gestational diabetes; advise weight loss and offer weight management support prior to conception

Medication review
Advice and planning regarding teratogenic agents

High risk of neural tube defect (NTD)?
(BMI ≥30, diabetes, history of NTD, folate antagonists, haemoglobinopathy)
Prescribe high-dose folic acid (5 mg per day) at least 1 month before conception

Early pregnancy

Medication review
Stop teratogenic agents where possible
Ensure high-dose folic acid if required
Vitamin D supplementation

Non-diabetic hyperglycaemia, polycystic ovary syndrome, previous gestational diabetes?
Ensure early booking with antenatal clinic for early gestational diabetes screening

Incidental glycosuria?
Glycosuria ++ (one occasion) or + (two occasions) may represent gestational diabetes. Ensure appropriate testing via antenatal clinic

Postpartum follow-up of women with gestational diabetes[4]

Ensure patient understands the high risk of developing type 2 diabetes in the future
Ensure patient understands the high risk of developing gestational diabetes in subsequent pregnancies

Type 2 diabetes risk reduction

Offer referral to the NHS Diabetes Prevention programme*
Dietary advice
Physical activity advice
Consider referral to Tier 2/3 weight management services if appropriate

Diabetes screening

Ensure that "gestational diabetes" has been appropriately coded in the patient's notes during their pregnancy

Advise need for annual diabetes screen. Consider adding diary "follow up" to reduce risk of being lost to follow-up

Arrange postpartum diabetes screen

Preconception planning

6–13 weeks postpartum:
Fasting plasma glucose†

≥13 weeks postpartum:
Fasting plasma glucose or HbA_{1c}‡

Fasting plasma glucose <7.0 mmol/L:
Employ risk minimisation strategies to reduce future type 2 diabetes risk; annual HbA_{1c}, lipids and blood pressure screen¶

HbA_{1c} <48 mmol/mol (6.5%):
Employ risk minimisation strategies to reduce future type 2 diabetes risk; annual HbA_{1c}, lipids and blood pressure screen¶

Fasting plasma glucose ≥7.0 mmol/L:
Repeat test within 2 weeks to confirm **type 2 diabetes** diagnosis

HbA_{1c} ≥48 mmol/mol (6.5%):
Diagnose type 2 diabetes; consider repeat testing for confirmation if desired

Footnotes

* The National Diabetes Prevention Programme is a free service provided to any patient at risk of developing type 2 diabetes. It is delivered over 9 months and may be delivered online, face to face, in group sessions or one-to-one. The service provides education about healthy eating, nutrition, physical activity, and wellbeing, equipping attendees with the knowledge and confidence to reduce their risk of developing type 2 diabetes. At the time of writing there is a specific online group-based programme for people with a history of gestational diabetes.

† Do not use HbA_{1c} before 13 weeks postpartum.

‡ Note that recent research has suggested a genetic variant in around 7.6% of people of South Asian heritage which may render HbA_{1c} testing inaccurate, underestimating their average blood glucose levels by up to 6 mmol/mol.[7] If you are concerned about the accuracy of the HbA_{1c} test, consider using fasting plasma glucose instead.

¶ Although checking lipids and blood pressure alongside HbA_{1c} is not in the NICE guidelines, this is considered good practice given the higher lifetime risk of cardiometabolic syndrome.[6,8]