Gestational Diabetes Screening

**Early Screening Criteria**
- Prior gestational diabetes
- Known impaired glucose metabolism
- Obesity (BMI > 30)
If GDM is not diagnosed, repeat screening at 24-28 weeks gestation.

**Universal Screening**
One hour serum glucose after 50 gm load in non-fasting state at 24-28 weeks gestation

- 135 - 219 mg/dl
- > 220 mg/dl

**Three hour (100g) GTT**

- All values normal
  - Fast <95
  - 1hr<180
  - 2hr<155
  - 3hr<140
- No further action
- One abnormal value
  - Dietary Consult

**“Jelly Bean” Protocol**

- Unable to tolerate one hour (50g) gluccola
- 28 Brach No. 110 Jelly beans over 10 minutes

- < 135
- > 135
- No further testing
- Three hour (100g) GTT (no jelly bean equivalent)

**Diagnose with gestational diabetes**

- Two abnormal value or fasting > 126
- Refer for diabetes teaching and nutrition consult

Do not screen any patient reporting a prior Diagnosis of diabetes outside of pregnancy.
References


2. Lamar ME, Kuehl TJ, Cooney AT. Jelly beans as an alternative to a fifty-gram glucose beverage for gestational diabetes screening. Am J Obstet Gynecol 1999; 181:1154-7. *A prospective cohort study of 136 pregnant women showed consistency between one hour glucose values after 28 jelly beans (50g simple carbohydrate) and 50g Glucola.*

3. ACOG Practice Bulletin #137. Obstet Gynecol 2013; 122:406-16. *The use of traditional historic factors to identify GDM will miss up to 50%. Low-risk women represent only 10% or the population and selecting these individuals who need not be screened may add unnecessary complexity to the process.*


5. Carpenter-Coustan criteria compared with the National Diabetes Data Group thresholds for gestational diabetes; Cheng Y, Block-Kurbisch I; Obstet Gynecol. 2009.

6. Bobrowski R, Bottoms S, Micallef J, Dombrowski M. Is the 50-gram glucose screening test ever diagnostic? J Mat-Fet Med 1996; 5:317-20. *All subjects with a 50g screen >216 had evidence of GDM and required insulin for glycemic control. Patients with a 50g screen >220 do not all require a 3hr GTT.*


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Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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