

## Antenatal schedule of care for GDM

### Testing (if risk factors)

Early OGTT or HbA1c (at entry to care)	24–28 week OGTT
Date ordered ____/____/____ <input type="checkbox"/> Not ordered <input type="checkbox"/> Declined <input type="checkbox"/> Other _____	Date ordered ____/____/____ <input type="checkbox"/> Not ordered <input type="checkbox"/> Declined <input type="checkbox"/> Other _____
<b>OGTT Result</b> (mmol/L) Fasting _____ 1 hour _____ 2 hour _____	<b>OGTT Result</b> (mmol/L) Fasting _____ 1 hour _____ 2 hour _____
<b>HbA1c Result</b> (mmol/mol) _____	
<b>Plan</b> <input type="checkbox"/> OGTT at 24–28 weeks gestation <input type="checkbox"/> Commence GDM care (24–28 week OGTT not required)	<b>Plan</b> <input type="checkbox"/> Routine antenatal care <input type="checkbox"/> Commence GDM care

### At Initial GDM Diagnosis

Discuss/Review/Refer	Considerations
<input type="checkbox"/> Review history	Previous GDM, medications
<input type="checkbox"/> Diabetes Educator consult	For GDM education within 1 week of diagnosis
<input type="checkbox"/> Dietitian review	Within 1 week of diagnosis
<input type="checkbox"/> Psychosocial assessment/support	Refer as required
<input type="checkbox"/> BGL self-monitoring	Commence self-monitoring
<input type="checkbox"/> BMI (pre-pregnancy)	Discuss healthy weight gain targets
<input type="checkbox"/> Physical activity, lifestyle advice	Include smoking cessation
<input type="checkbox"/> Baseline ultrasound scan (USS)	At 28–30 weeks
<input type="checkbox"/> Initial laboratory investigations	<input type="checkbox"/> Serum creatinine
<input type="checkbox"/> If <i>Diabetes in Pregnancy</i> :	<input type="checkbox"/> Optometrist/ophthalmologist review for diabetic retinopathy <input type="checkbox"/> Microalbuminuria for diabetic nephropathy

### Each Visit

Discuss/Review/Refer	Considerations
<input type="checkbox"/> Clinical surveillance	Review for complications (e.g. preeclampsia)
<input type="checkbox"/> Weigh	Review weight gain trends, diet, exercise
<input type="checkbox"/> Test urine	Investigate ketonuria, proteinuria
<input type="checkbox"/> Review BGL self-monitoring record	Review patterns, trends and mean BGL
<input type="checkbox"/> Psychosocial assessment/support	Refer as required
<input type="checkbox"/> Fetal growth and wellbeing (including AC)	USS 2–4 weekly as indicated
<input type="checkbox"/> If pharmacological therapy commenced	<input type="checkbox"/> Follow-up contact within 3 days: <input type="checkbox"/> Weekly diabetes educator review <input type="checkbox"/> Dietitian review
<input type="checkbox"/> Review suitability of model of care (Low risk not suitable if Insulin or Metformin required)	<input type="checkbox"/> Low risk GDM <input type="checkbox"/> Diabetic Clinic <input type="checkbox"/> Obstetric <input type="checkbox"/> Other _____
<input type="checkbox"/> Review next contact requirements (increase frequency if: suboptimal BGL, early diagnosis, diabetes in pregnancy, pharmacological therapy commenced)	<input type="checkbox"/> Fortnightly until 38 weeks <input type="checkbox"/> Fortnightly until 36 weeks <input type="checkbox"/> Weekly until birth <input type="checkbox"/> Other _____

