

Date: March 18, 2014

To: All Zones
Physicians, Nurse Managers, Educators and Practitioners, Pharmacists, Laboratory Directors and Managers

From: AHS Laboratory Services

Re: Updated Glucose Testing Guidelines for Diagnosing Gestational Diabetes Mellitus

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Key Messages:

- The Canadian Diabetes Association (CDA) has released updated Clinical Practice Guidelines.
- These guidelines include changes to the glucose concentration decision levels for both the 50 gram gestational glucose diabetes screen (GDS) and 75 gram gestational glucose tolerance test (GTT). The laboratory will report the CDA preferred decision levels only. These diagnostic criteria result in an odds ratio of 2.00 based on the Hyperglycemia and Adverse Pregnancy Outcomes (HAPO) study.
- **March 27, 2014**, laboratories will begin implementing the updated glucose decision levels and reporting comments to assist with the diagnosis of Gestational Diabetes Mellitus. All zones will be completed by April 30, 2014.

The **NEW** Gestational Diabetes Screen and 75 gram Gestational GTT Interpretive Guidelines are as follows:

2013 CDA Guidelines for 50 gram (GDS)	2013 CDA Guidelines for 75 gram 2 hour Gestational GTT
Normal: < 7.8 mmol/L	Fasting Pregnancy Glucose: ≥ 5.3 mmol/L 1 hour Pregnancy Glucose: ≥ 10.6 mmol/L 2 hour Pregnancy Glucose: ≥ 9.0 mmol/L Results are diagnostic of Gestational Diabetes if one value is met or exceeded.
Follow up with 2 hour Pregnant GTT: 7.8 – 11.0 mmol/L	
Gestational Diabetes: ≥ 11.1 mmol/L	

Why this is important:

- The new guidelines will change interpretation of glucose results for diagnosing Gestational Diabetes.

Action Required:

- Review the updated decision levels for interpreting results and diagnosing Gestational Diabetes Mellitus.

Inquiries and feedback may be directed to:

- Dr. Connie Prosser, Clinical Biochemist, UAH at: 780-407-8492
- Mark Malick, Core Lab Manager, *DynaLife_{dx}* at: 780-451-3702 Ext. 8249

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