

12 August 2025

Our Ref: FOI 1231

Dear

**Freedom of Information Act 2000
Information in Relation to NHS Trust's Guideline on the Screening and
Management of Diabetes in Pregnancy or Gestational Diabetes**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the above, which you requested on 10 June 2025. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance.

A response to the questions you have raised has been provided by the Surgery Elective Maternity and Paediatrics Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

Olivia Robinson
Information Governance Officer

Q1. I would like to make a freedom of information request to access your NHS trust's guideline that covers the screening and management of diabetes in pregnancy or gestational diabetes.

I am interested to know in detail how your trust screens pregnant women who have a history of gestational diabetes in a previous pregnancy for gestational diabetes in their subsequent pregnancy. This would include multiple details that would be best covered by receiving the full guideline, including: i) method(s) of screening for gestational diabetes in those with previous gestational diabetes (such as early capillary blood glucose monitoring, glucose tolerance tests, random blood glucose, HbA1c etc.) ii) diagnostic thresholds for method of screening iii) gestation that screening method occurs and whether it is repeated or continued throughout the pregnancy iv) whether any treatment or specific advice is given at the start of pregnancy to mothers with a history of previous gestational diabetes prior to the results of any screening test.

A1. Women in the Trust will be screened for gestational diabetes in line with the National Institute for Clinical Excellence (NICE) guidance which can be accessed via [Overview | Diabetes in pregnancy: management from preconception to the postnatal period | Guidance | NICE](#). The NICE guidance recommends screening with a 75g oral glucose tolerance test using risk factors alone - BMI ≥ 30 , family history of any type of diabetes, ethnicity, previous baby ≥ 4.5 kg and previous gestational diabetes between 24-28 weeks gestation. The three-sample 75g oral glucose tolerance test will be interpreted by the World Health Organisation (WHO) diagnostic criteria (please see 4.6 from 'Women and Child Health Maternity Guideline (56) 2020' attached). Other reasons for screening include glycosuria (please see 4.4 on the attachment), polyhydramnios and EFW >90th centile (confirmed on growth scan).

All women in the Trust should get a random glucose check at their booking appointment to pick up cases of undiagnosed Type 2 diabetes as early as possible in pregnancy. Urgent referral should be made to the Endocrine team if the random glucose ≥ 11.1 mmol/l (please see page 3 of the attachment).

If a pregnant woman in the Trust has a history of gestational diabetes in a previous pregnancy she should be referred immediately for monitoring at the Endocrine & Pregnancy Clinic. This is because there is a >90% chance that gestational diabetes will re-occur later in pregnancy. Patients will be provided with a glucometer, and asked to monitor their blood glucose levels,

e.g. pre- and post-meals 1-2 days per week initially. An Oral Glucose Tolerance Test (OGTT) should be planned for 16 weeks gestation and then again between 26-28 weeks gestation if patients have not been diagnosed with Gestational Diabetes Mellitus (GDM) to date in this pregnancy with Capillary Blood Glucose (CBG) monitoring.

Urine will continue to be checked for glycosuria at every antenatal visit. If at any time during a pregnancy glycosuria ($\geq 2+$ on one occasion or $1+$ on ≥ 2 occasions) is detected or there is clinical suspicion of gestational diabetes in the presence or absence of clinical risk factors, then a random venous blood glucose and/or a three sample 75g OGTT should be performed at the individual clinician's discretion. Glycosuria with normal blood glucose levels is common due to a lowering of the renal glucose threshold during pregnancy. It is wise to check a random venous blood glucose or arrange a formal three sample 75g OGTT at any time if doubt remains (e.g. persistent glycosuria, risk factors for gestational diabetes, large for gestational age).

If the random venous glucose concentration exceeds 11.0 mmol/l at any stage, the 75g OGTT should be omitted, and the patient should be referred immediately to the Diabetes Team for an urgent assessment and to consider the need for insulin therapy.

For the Three-sample 75g oral glucose tolerance test (OGTT) The woman fasts overnight. A fasting sample of blood is taken and she then drinks 75g of glucose in 250-300 ml of water over 5-15 minutes. At one and two hours later further samples of blood are taken.