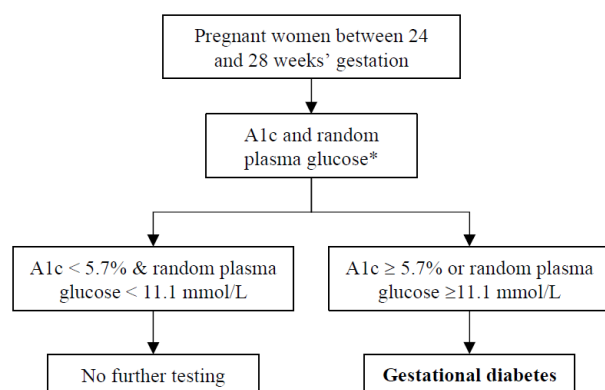


## Alternative Gestational Diabetes Mellitus Screening NSHA/IWK Pathology and Laboratory Medicine Program

To manage COVID-19 related issues with GDM screening, the PLM Program, in collaboration with NSHA Women and Children's Program, IWK Pregnancy and Diabetes Clinic, and the Reproductive and Diabetes Care Programs of Nova Scotia, have jointly approved temporary implementation of an alternative GDM screening strategy recently recommended by SOGC and Diabetes Canada. Rather than the 50g-GCT (Trutol), low risk pregnant women between 24 to 28 weeks' gestation will be screened with a random (non-fasting) glucose and HbA1c.



1. No changes to screening for overt diabetes early in pregnancy are recommended.
2. To override utilization rules, please indicate on the lab requisition that the patient is pregnant.
3. Caregivers are requested to order HbA1c and a Random (non-fasting) glucose instead of the 50g-GCT. The patient will not have to wait 1-hour for the timed collection.
4. If a 50g-GCT is ordered, it will be corrected at the time of collection to the alternative screen.
5. If a fasting glucose, HbA1c, and/or 75g-OGTT are ordered (i.e. given clinical context), it will be carried out as requested by the physician.
6. These measures are temporary and their continuance will be reviewed by the COVID-19 GDM working group every two weeks. Post-pandemic, we will return to the original recommendations of the 2018 Diabetes Canada Clinical Practice Guidelines.
7. FAQs are located on the NSHA COVID-19 Hub at (*link will be inserted here*).
8. The full statement from SOGC and Diabetes Canada can be found at <https://www.sogc.org/en/content/featured-news/Gestational-Diabetes-Screening-During-COVID-19-Pandemic.aspx>

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