



Summary of NICE Guidelines

Title	Diabetes in Pregnancy: Management of Diabetes and its complications from Preconception to the Postnatal Period
NICE Reference	NG3
Date of Review:	July 2015
Date of Publication	February 2015
Summary of Guidance (Max 250 words)	<p>Diabetes in pregnancy is associated with adverse outcomes. Risks can be reduced by careful blood glucose control.</p> <p>Pre-conception Diabetic women planning a pregnancy should use the capillary glucose targets recommended to individuals with type 1 diabetes</p> <p>HbA1c should be maintained <48 mmol/mol, if possible without causing hypoglycaemia, and pregnancy avoided while HbA1c >86 mmol/mol</p> <p>Antenatal Gestational diabetes (GDM) should be diagnosed in women with a fasting glucose of ≥ 5.6 mmol/L OR a 2 hour plasma glucose level of ≥ 7.8 mmol/L on OGTT</p> <p>Capillary glucose should be maintained during pregnancy: < 5.3 mmol/L (fasting) <7.8 mmol/L 1 hour after meals <6.4 mmol/L 2 hours after meals Provided this can be done without causing hypoglycaemia.</p> <p>If hyperglycaemia develops during pregnancy, diabetic women should be tested urgently for ketonaemia.</p> <p>HbA1c should be measured in all diabetic women at the booking appointment and considered during the second and third trimesters. The risk increases with an HbA1c >48 mmol/mol (6.5%).</p> <p>In GDM, test HbA1c at diagnosis to exclude pre-existing diabetes.</p> <p>Continuous Glucose monitoring should be considered in pregnant women on insulin therapy with unstable glucose levels or severe hypoglycaemia</p> <p>Intrapartum Mode and timing of birth should depend on the type of diabetes and the presence of complications. Elective birth should be offered and considered earlier if complications arise</p>

	<p>Postnatal</p> <p>An OGTT should no longer be offered in the postnatal period to women with GDM. However, a fasting glucose at 6-13 weeks post birth should be offered or fasting glucose or HbA1c after this time. HbA1c should be offered annually.</p>
Impact on Lab (See below)	<p>■ Moderate</p>
Lab professionals to be made aware	<ul style="list-style-type: none"> ✓ Laboratory Manager ✓ Chemical Pathologist ✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Laboratories should be aware of the new cut-offs for the diagnosis of gestational diabetes.</p> <p>Laboratories should be aware of the role of blood ketone measurements in type 1 diabetics during pregnancy.</p> <p>The guidelines may result in increased requesting of HbA1c and plasma ketone testing.</p>

Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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