## Primary care follow up of women with Gestational Diabetes Mellitus in postnatal period

Women who have had gestational diabetes have a 1 in 3 chance of developing T2 diabetes in the following 5 years

- Offer fasting plasma glucose at 6 weeks postnatal check (ideally this should be done before 13 weeks)
- Or after 13 weeks offer HbA1c or Fasting plasma glucose

## (do not routinely carry out OGTT) Interpretation of Fasting plasma glucose / HbA1c results Fasting Plasma Glc < 6.0 mmol/L Fasting Plasma Glc 6.0-6.9 mmol/L Fasting Plasma Glc ≥7.0 mmol/L HbA1c<39 mmol/mol (<5.7%) HbA1c 39-47 mmol/mol (5.7 – 6.54%) **HbA1c ≥48 mmol/mol (≥6.5%)** Low risk pf having Type 2 DM High risk of developing Type 2 DM Likely to have Type 2 DM at present Advice in line with preventing Need diagnostic test to confirm T2DM Moderate risk of developing T2DM - See guidelines earlier T2DM in the future regarding diagnostic tests and further management **Annual HbA1c** Discuss symptoms of hyperglycaemia Lifestyle advice (weight control /diet / exercise)

## Counsel on contraceptive advice and future pregnancies

- Advice that healthy BMI before next pregnancy will reduce risk of developing Gestational Diabetes again
- Patient to start taking high dose Folic acid (5mg) daily before stopping contraception and will need a
  prescription for this.
- Patient to contact health professional as soon as they find out they are pregnant for anti-natal care