



THE SIGNIFICANCE OF PROPER PREPARATION OF PREGNANT WOMEN FOR TESTING FASTING BLOOD GLUCOSE AND THE ORAL GLUCOSE TOLERANCE TEST

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INTRODUCTION

According to the diagnostic criteria by the IADPSG, the diagnosis of GDM can be made in women with fasting plasma glucose ≥ 5.1 mmol/L, but < 7.0 mmol/L at any gestational age. Pregnant women are advised to eat a balanced diet that contains at least 150g of carbohydrates for 3 days before the test and not to eat at least 8 hours prior to the test.

PROBLEM

By targeted history taking we encountered a problem relating to inadequate preparation for the FBG test. Every pregnant woman with suspected of having GDM without any adequate preparation for the test, was referred to take the 75g OGTT in order the to confirm the diagnosis.

RESULTS

In 287 (31%) of 910 pregnant women with the mean age of 31.4 years, who were referred to the diabetes outpatient clinic with suspected GDM by their OBGYN in 2014–2015, the diagnosis was not confirmed. The performed measures included consultation, non-pharmacological treatment methods, and control 75g OGTT between weeks 24 and 26 resulted in 12 new GDM, which is only 5.20%. 92 (14.70%) of 623 pregnant women with GDM were treated with insulin and regulated by a diabetologist.

CONCLUSION

In 31% pregnant women, the diagnosis was not confirmed because due to inadequate preparation. To confirm GDM, every pregnant woman should receive clear instructions before taking the FBG diagnostic test and the 75g OGTT. This is to avoid high and unnecessary costs caused by duplicating laboratory tests and prescription of self-monitoring kits and not needlessly exposed to related stress.