

Gestational stage	Who to screen	What to order	Diagnostic criteria	Diagnosis / Next steps
At <u>first</u> antenatal visit Preferably at less than 20 weeks gestation	Women with high risk* for pre-existing type 2 diabetes *see list on reverse	A1C test * Fasting glucose is an option for women with hemoglobinopathy or renal disease where A1C may not be reliable	A1C ≤ 6.4% *FPG ≤ 6.9mmol/L	Rescreen for GDM at 24 to 28 weeks (see below)
			A1C ≥ 6.5% *FPG ≥ 7mmol/L	Indicates Pre-gestational Type 2 diabetes (i.e pre-existing type 2 diabetes)

At 24 to 28 weeks ***	All pregnant women	<pre> graph TD A[Preferred Approach] --> B[50 g glucose challenge test with PG 1 hour later] B --> C["<7.8 mmol/L"] B --> D["7.8-11.0 mmol/L"] B --> E["≥11.1 mmol/L"] C --> F[Normal] F --> G[Reassess at 24-28 weeks if tested earlier] D --> H["75 g OGTT Measure FPG, 1hPG, 2hPG"] H --> I["FPG ≥5.3 mmol/L 1hPG ≥10.6 mmol/L 2hPG ≥9.0 mmol/L"] I --> J["If 1 value is met or exceeded"] J --> K[Gestational diabetes] E --> K </pre>	<div style="border: 1px solid black; padding: 5px;"> <p>For <i>alternative approach</i>, refer to Diabetes Canada 2018 guidelines page S266 available at www.guidelines.diabetes.ca</p> </div>
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***If there is a high risk of GDM based on multiple clinical factors, screening should be offered at any stage of pregnancy

Risk Factors for Type 2 diabetes (screen early in pregnancy using an A1C)

- Age \geq 40 years at pregnancy
- First degree relative with type 2 diabetes
- Member of a high risk population (e.g. African, Arab, Asian, Hispanic, Indigenous or South Asian descent, low socioeconomic status)
- History or pre-diabetes
- History of GDM during previous pregnancy
- History of delivery of a macrosomic infant
- Presence of end organ damage associated with diabetes
 - Microvascular (retinopathy, neuropathy, nephropathy)
 - Cardiovascular (coronary, cerebrovascular, peripheral)
- Presence of vascular risk factors
 - HDL-C $<$ 1.3mmol/L
 - TG \geq 1.7 mmol/L
 - Hypertension
 - Overweight
 - Abdominal obesity
 - Smoking
- Presence of associate diseases
 - history of pancreatitis
 - polycystic ovarian syndrome
 - acanthosis nigricans
 - psychiatric disorders (bipolar disorder, depression, schizophrenia)
 - hyperuricemia / gout
 - HIV infection
 - non-alcoholic steatohepatitis
 - obstructive sleep apnea
 - cystic fibrosis
- Use of drugs association with diabetes
 - Glucocorticoids
 - Atypical antipsychotics
 - Statins
 - Highly active antiretroviral therapy
 - Anti-rejection drugs