

COMPLETE AND FILE IN GREEN HANDHELD NOTES

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SCREENING FOR GESTATIONAL DIABETES DURING COVID:

REQUIRED/ NOT REQUIRED (pls circle)

Previous Gestational Diabetes

Refer straight to Rosa via email rosa.trepiccione@ldh.nhs.uk

Name of midwife _____

Signature _____

Date _____

Risk Factors for Gestational Diabetes (undertaken at Booking)

- Booking BMI >30
- First degree relative with diabetes
- Ethnicity (South Asian, Black Caribbean, Middle Eastern)
- Previous baby > 4.5kg
- History of gastric/bariatric surgery

If patient has any of the above risk factors they will need screening at booking AND again at 28 weeks by HbA1c and random blood glucose

Tear off the below slips when the blood is taken and post in GDM screening Box in Maternity Reception.

Name of midwife _____

Signature _____

GDM screening at 28 Weeks (if negative at booking)

HbA1c and random blood glucose taken on _____

Patient contact number _____

Name of midwife _____

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GDM screening at Booking

HbA1c and random blood glucose taken on _____

Patient contact number _____

Name of midwife _____

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