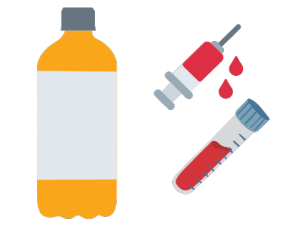


Perinatal outcomes after non-standard screening for gestational diabetes among midwifery clients in British Columbia, Canada

Elizabeth Nethery, PhD, MSc, RM

Recommended screening for gestational diabetes

Glucose challenge test (GCT)
50g 1-hr



Oral glucose tolerance test (OGTT)
75g 2-hr



Non-standard screening

Fasting serum glucose



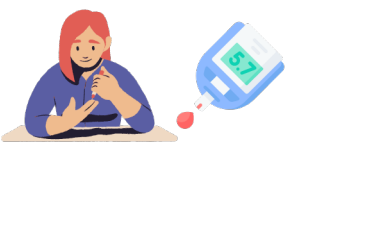
Random serum glucose or HbA1c



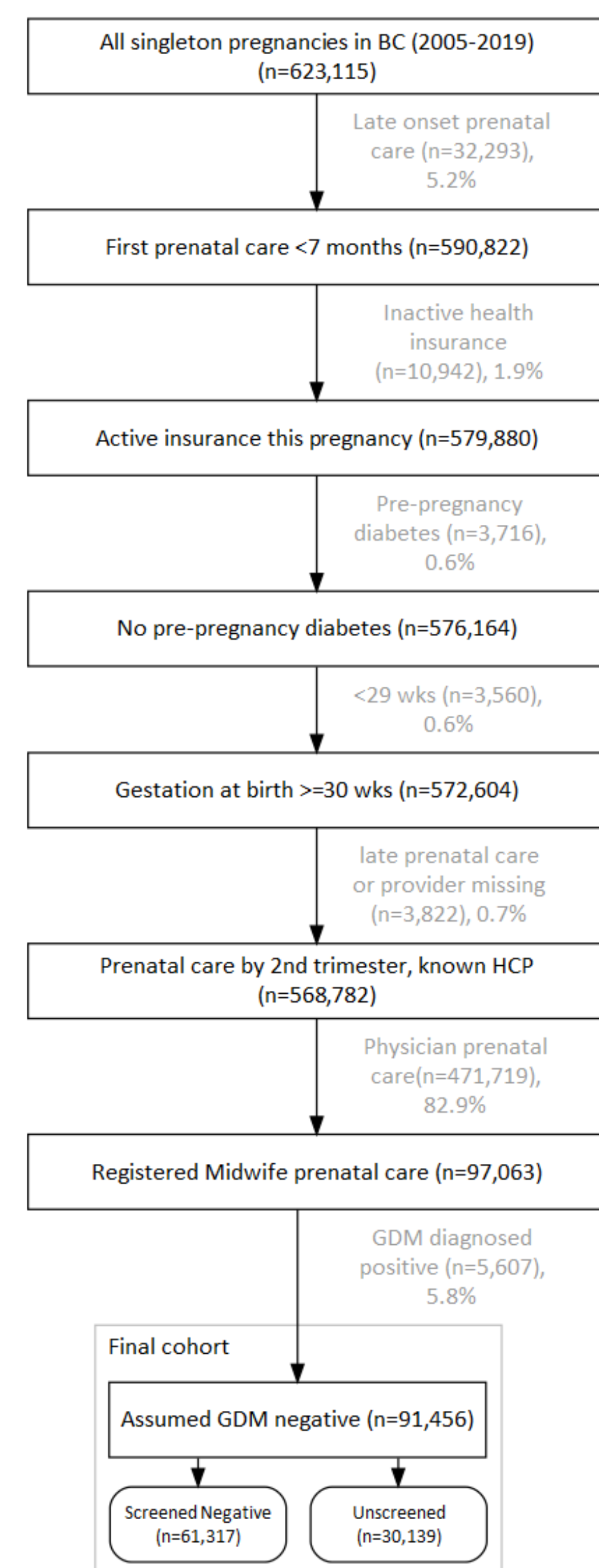
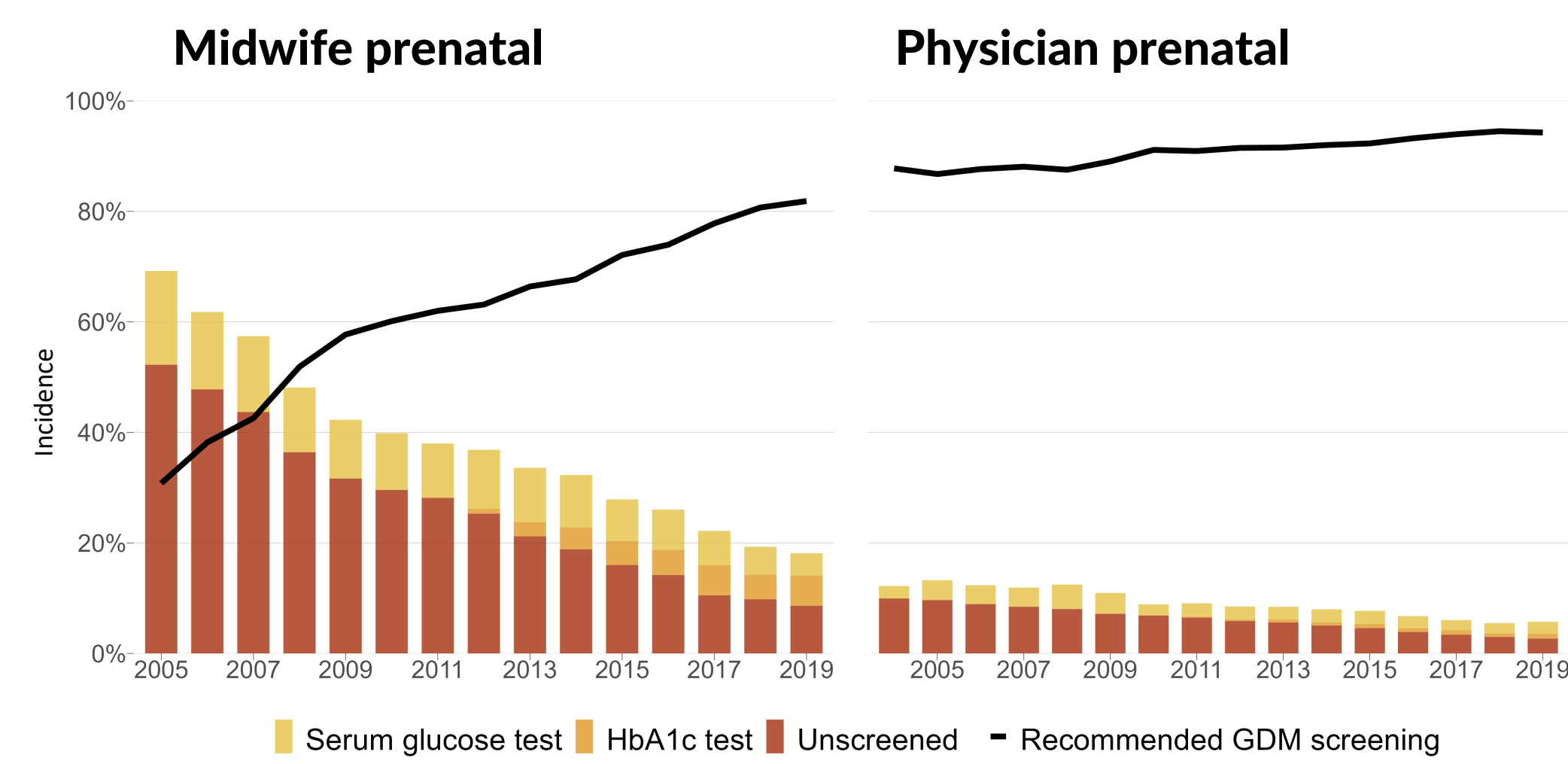
Alternate sugar load glucose test



Home monitoring with glucometer

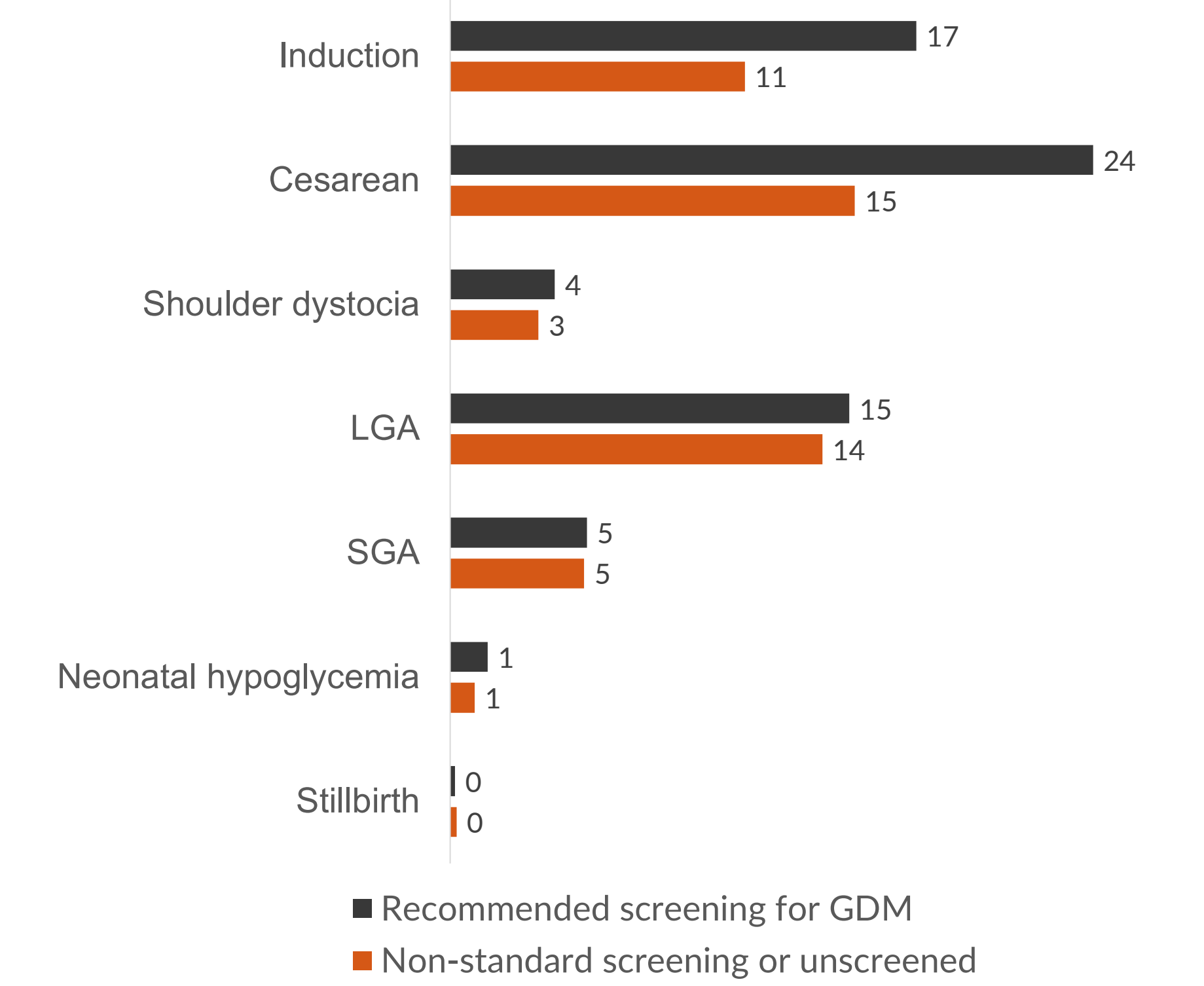


Decline screening



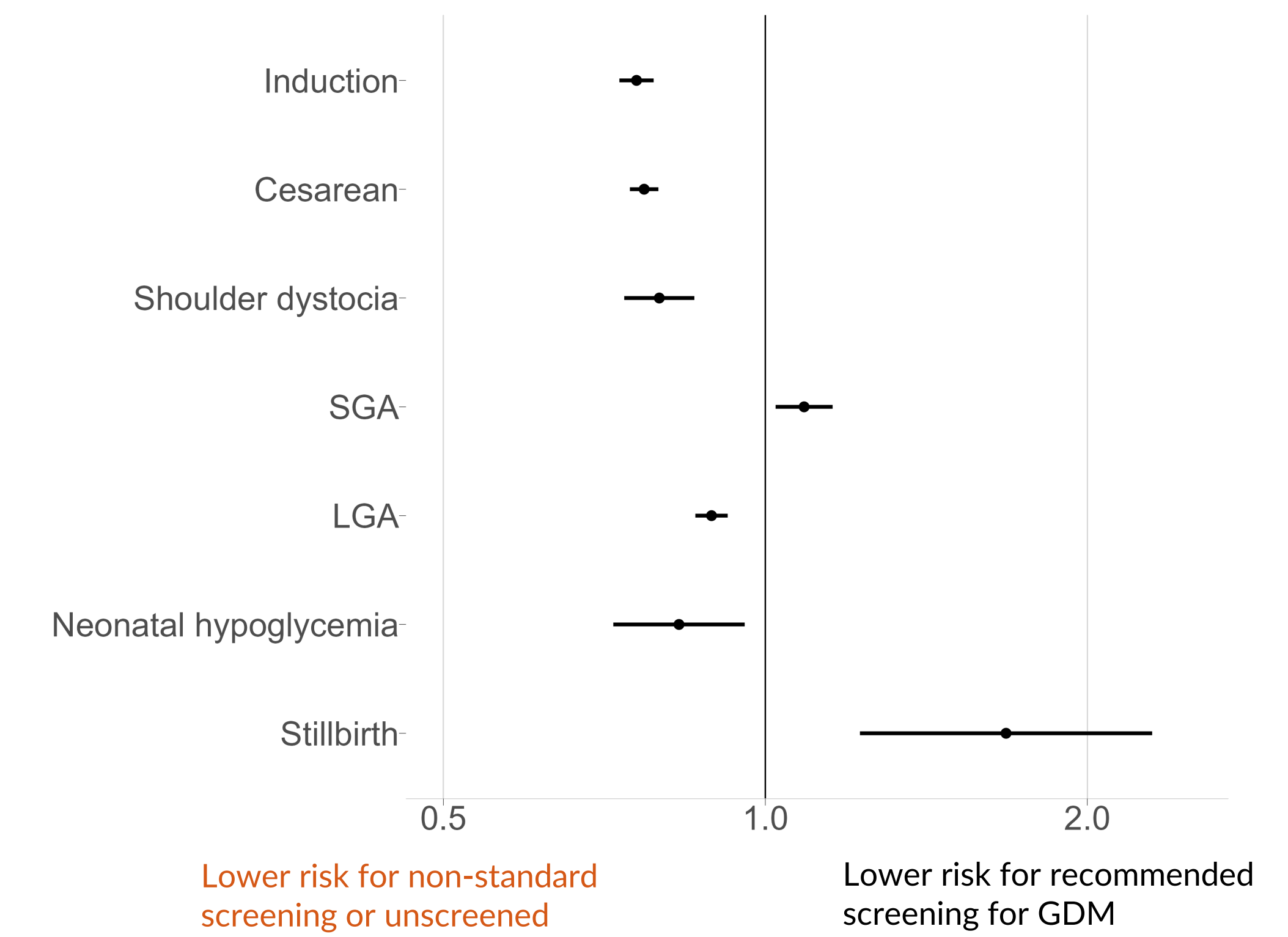
Non-standard screening for gestational diabetes did not increase risk of having a big baby - but may increase risk of stillbirth and small for gestational age.

Absolute incidence (%) of outcomes differed by screening



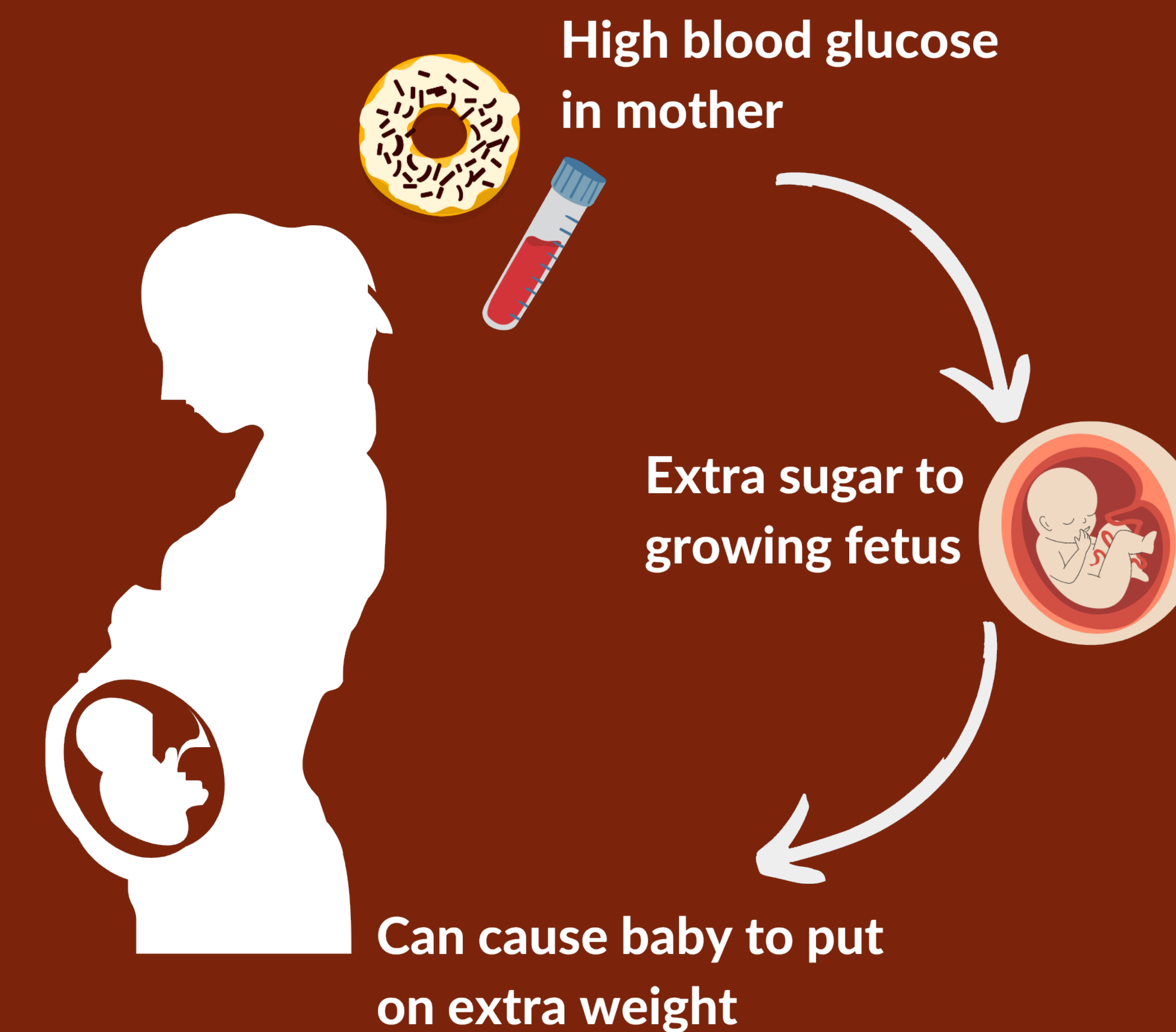
Adjusted* models showed a lower risk of induction, cesarean birth, shoulder dystocia and LGA for non-standard screening compared to recommended GDM screening.

Risks of stillbirth and SGA increased with non-standard screening.



Midwife-led prenatal care should monitor for placental insufficiency and reduced fetal growth among pregnant clients who receive non-standard gestational diabetes screening

Sensitivity analyses showed no increased risk of SGA or stillbirth in post-2014 calendar years



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* Models adjusted for: age, parity, pre-pregnancy BMI, adequacy of prenatal care, SES, urbanicity, any ultrasound, smoking

