University Hospitals
Bristol and Weston
NHS Foundation Trust

Freedom of Information Request Ref: 25-413

5 June 2025

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we do hold the information you are requesting

I would like to make a freedom of information request to access your NHS trust's guideline that covers the screening and management of diabetes in pregnancy or gestational diabetes.

I am interested to know in detail how your trust screens pregnant women who have a history of gestational diabetes in a previous pregnancy for gestational diabetes in their subsequent pregnancy. This would include multiple details that would be best covered by receiving the full guideline, including i) method(s) of screening for gestational diabetes in those with previous gestational diabetes (such as early capillary blood glucose monitoring, glucose tolerance tests, random blood glucose, HbA1c etc.) ii) diagnostic thresholds for method of screening iii) gestation that screening method occurs and whether it is repeated or continued throughout the pregnancy iv) whether any treatment or specific advice is given at the start of pregnancy to mothers with a history of previous gestational diabetes prior to the results of any screening test.
Our guideline around testing for gestational diabetes is attached. We follow the NICE guidance, which states "For women who have had gestational diabetes in a previous pregnancy, offer: • early self-monitoring of blood glucose or • a 75-g 2-hour OGTT as soon as possible after booking (whether in the first or second trimester), and a further 75-g 2-hour OGTT at 24 to 28 weeks if the results of the first OGTT are normal". We have interpreted 'early self monitoring of glucose' to mean offering 1 week of CBG monitoring. If women chose this method of testing over a GTT, out diagnostic criteria would be more than 3 blood sugars out of range within a 7 day period. Normal ranges are considered to be:

Fasting glucose less than 5.6mmol/l
1 hour post prandial BS less than 7.8mmol/l

There is no published guidance around what diagnostic criteria for GDM based on CBG

monitoring should be, so this will vary from Trust to Trust.

For women who chose to test with a GTT, we diagnose GDM with the following criteria:

Fasting Glucose of 5.6mmol/l or above
2 hour glucose of 7.8mmol/l or above

We are in the process of reevaluating our guidance around GDM testing. Though not released or even finalised yet, new newest version of the guideline will alter slightly. We will continue to offer either GTT or CBG monitoring as early testing for women who have had GDM, but in addition, we will give women the option to continue CBG monitoring for the duration of pregnancy if the wish to.

Women with a history of previous GDM aren't given any 'treatment or specific advice' at the start of pregnancy. For all women being offered testing for GDM (regardless of whether or not they have a previous hx), the community midwife should explain the following:
• in some women, gestational diabetes will respond to changes in diet and exercise
• the majority of women will need oral blood glucose-lowering agents or insulin therapy if changes in
diet and exercise do not control gestational diabetes effectively
• if gestational diabetes is not detected and controlled, there is a small increased risk
of serious adverse birth complications such as shoulder dystocia
• a diagnosis of gestational diabetes will lead to increased monitoring, and may lead
to increased interventions, during both pregnancy and labour.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Data Protection Officer
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click here.

Yours sincerely

Freedom of Information Team
University Hospitals Bristol and Weston NHS Foundation Trust