

Treatment Of BOoking Gestational diabetes Mellitus: The TOBOGM study

The TOBOGM study has been designed to work out whether early “gestational diabetes” truly is gestational diabetes, or whether it is a natural mild increase of blood glucose in early pregnancy AND whether we should treat such early “gestational diabetes”.

This study is being conducted at 11 hospitals across New South Wales, Victoria and South Australia. In this state the study is being conducted *Campbelltown Hospital*.

If you have any of the risk factors for diabetes listed over the page and plan on delivering your baby at *Campbelltown Hospital* you are eligible to participate in the TOBOGM study.

When you come in for your first antenatal visit, your midwife will ask you questions about your diabetes risk. If you have any of these risk factors please ask her for information about the TOBOGM study. Your midwife will give you a form to complete and sign to give us permission to contact you.

When we receive your form we will contact you to see if you would like to participate.

Before you enrol in this study we will discuss in detail all that the study involves to ensure you understand what we are asking of you and what will happen to you. Your booking OGTT must be booked prior to 20 weeks of pregnancy.

Important points:

Participation in the TOBOGM study does not involve any extra blood tests or visits, however we do ask you to attend *Laverty Pathology* for your OGTT.

If you have one of the risk factors that make you eligible for early OGTT testing for diabetes:

- ask your midwife for information about the TOBOGM study
- If you think you might like to participate in the study we ask that you do NOT book your OGTT until you have spoken with us.

Participation in research is voluntary. It will be your choice whether you join the study or have the standard treatment offered by the hospital.

CONTACT THE TOBOGM STUDY TEAM FOR INFORMATION:

Tobogm@westernsydney.edu.au

This study has been approved by the Human Research Ethics Committee of the South Western Sydney Local Health District.



Diabetes in Pregnancy and the TOBOGM Study



TOBOGM Brochure
MASTER Version 1, 12 Apr 18

Campbelltown Brochure Version 1, 18 Apr 18

DIABETES IN PREGNANCY

Pre-existing diabetes and Gestational Diabetes (GDM) result in a pregnant woman having higher than normal blood glucose. The glucose (a kind of sugar) crosses the placenta and can cause harm to the growing baby: Complications of both GDM and pre-existing diabetes are a bigger baby, excessive fluid around the baby, more difficult birth (sometimes the baby can get stuck, particularly by the shoulders, which may lead to broken bones and/or damaged nerves in the baby), caesarean section, development of pre-eclampsia (a pregnancy condition where the woman develops high blood pressure and often protein leakage from the kidneys), or baby having a low glucose at birth, needing a glucose drip/other treatment to increase the blood glucose, or experiencing breathing problems or jaundice.

For this reason all pregnant women are tested at 24-28 weeks gestation to determine whether they have GDM. If the woman has GDM she will be referred for education to help her control her blood glucose. Treatment of GDM involves fingerprick glucose monitoring, lifestyle change and, if necessary, drug treatment.

Recently the World Health Organisation recommended that women with risk factors for diabetes be tested early in pregnancy to look for undiagnosed pre-existing diabetes. Women found to have very high blood glucose in early pregnancy are referred for management of their diabetes.



TESTING FOR DIABETES EARLY IN PREGNANCY.

Since November 2014 the Australasian Diabetes in Pregnancy Society (ADIPs) has recommended that women with the following risk factors for diabetes have an Oral Glucose Tolerance Test (OGTT) early in pregnancy (before 20 weeks).

RISK FACTORS FOR DIABETES:

- Previous gestational diabetes (GDM),
- Previous elevated blood glucose,
- Being equal to or over 40 years old,
- Having a parent or sibling with diabetes, or a sister who has had GDM,
- A body mass index (BMI) greater than 30 kg/m²
- Having had a baby weighing greater than 4.5 kg or greater than the 90th percentile,
- A history of Polycystic Ovarian Syndrome
- A recent random blood glucose greater than 7.0 mmol/L,
- Treatment with corticosteroid or antipsychotic medication,
- Non-European ethnicity.

When you attend for your first pregnancy visit, your midwife will ask you about the above risk factors. If you tell your midwife that you have any of these risk factors, she will refer you for an early OGTT.

If you have the OGTT and are found to have diabetes you will be offered a referral for Diabetes Education.

THE ORAL GLUCOSE TOLERANCE TEST

The Oral Glucose Tolerance Test (OGTT) is the blood test used to diagnose diabetes.

- To prepare for the OGTT, you will be asked to not eat for at least ten hours before the test. You may drink as much plain water as you like.
- Because you need to fast for this test, it is usually done first thing in the morning.
- At the beginning of the test the Pathology Collection person will take a sample of your blood. They will test a drop of this blood to make sure it is safe to give you a glucose drink and will send the rest of the sample to the lab for testing.
- You are then given a 300ml drink of glucose solution to swallow over a few minutes. This is a very sweet drink that tastes like flat lemonade.
- You will be asked to sit in the waiting room until a second blood sample is taken one hour after you completed the glucose drink.
- You will then be asked to continue sitting in the waiting room until a third blood sample is taken two hours after you completed the drink.
- The test is then complete and you can have something to eat.

A diagnosis of diabetes or gestational diabetes may be made on any one of the fasting, one hour or two hour blood glucose values.