

Pathology and Laboratory Medicine Memorandum

To: Central Zone Healthcare Providers and Health Service Directors

From: Dr Manal Elnenaei, Chief of Service, Division of Clinical Chemistry, Central Zone
Cindy Andrews, Manager Core Laboratory, QEII sites, Central Zone
Debbie Winsor-Cross, Manager Community Based Laboratories, Central Zone

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Subject: **Ordering HbA1C based on the new provincial approach to Gestational Diabetes Mellitus (GDM) screening**

Since 2001 Nova Scotia's incidence of Gestational Diabetes Mellitus has nearly doubled. These individuals should be screened before the universal GDM screening point of 24–28 weeks' gestation yet it is suspected that less than 1/3 of them actually undergo an early screen. This means that a significant proportion of individuals with GDM or unrecognized Type 2 DM are not identified until later in pregnancy (24–28 weeks gestation).

It is anticipated that the new proposed preferred approach to GDM screening (at less than 20 weeks gestation), which includes early screening with HbA1c and a fasting glucose (for those with strong GDM risk factors) will be beneficial in identifying persons with overt diabetes and those at increased risk of developing GDM at a much earlier gestation. This screening approach will allow for:

- earlier referral for specialized services;
- screening for diabetes related morbidity;
- improved pregnancy outcomes; and
- closer postpartum follow-up care.

Full details related to the new approach to GDM screening, including a practice algorithm and interpretive information, can be found on the [Reproductive Care Program of Nova Scotia website](http://rcp.nshealth.ca/clinical-practice-guidelines/gdm-screening-algorithm-202109).

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It is the recommendation that Care Providers transition practice to the new proposed GDM screening approach. Adoption of the approach will impact existing laboratory practices. *It will be important to identify prenatal bloodwork so that these HbA1c's can be excluded from pre-existing utilization rules.* Care providers are advised to indicate **DO NOT CANCEL –Pregnancy** next to the HbA1c test on blood requisitions to ensure testing is completed, regardless of time frame. Please ensure the indicator clearly refers to HbA1c testing.

For questions / concerns, please contact:

Central Zone, Dr. Manal Elnenaei, (902) 473-5194