

Guideline

Subject: **Performance of Oral Glucose Tolerance Tests: Advice to Laboratories**
Approval Date: June 2020
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Reviewed By: Chemical Pathology Advisory Committee
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Introduction

The oral glucose tolerance test (OGTT) is performed for diagnosis in non-pregnant patients and in pregnant patients (POGTT) for the diagnosis of Diabetes in Pregnancy and Gestational Diabetes Mellitus (GDM).

Due to concern over the availability of safe environments to perform a POGTT in pregnant women, The Australasian Diabetes in Pregnancy Society (ADIPS) has produced a guideline on a reduced testing protocol that may be used if full testing is not considered safe

<https://www.adips.org/documents/ADIPSADSCOV19GDMDiagnosisUpdated250420Website.pdf>

However, they indicate that the clearly preferred option is to continue to diagnose GDM using the agreed protocols published in 2014, which include a POGTT at 24–28 weeks for all women, and a follow-up OGTT after delivery for women with a diagnosis of GDM in that pregnancy

<http://www.adips.org/downloads/2014ADIPSGDMGuidelinesVJune2014FINALforWEB.pdf>

The preferred actions for pathology laboratories, are to provide this safe environment where possible.

This document offers advice on the role of Pathology providers regarding providing a (P)OGTT testing service.

Proposed Actions

1. While we are sure all laboratories are already adhering to strict infection control and social distancing measures it may be timely to reflect on exactly what is available for patients requiring OGTT. We would like to recommend that laboratories undertake an audit of all locations where (P)OGTTs are performed for assessment of patient safety. The audit should ensure that collection locations have the following:
 - Clinicians are encouraged to provide advice to patients about not attending for the OGTT if showing symptoms.
 - A place for waiting for the two hours during which collections occur, which is separated from other people by at least 1.5 meters. Additional space may be required if a woman is accompanied by children. More space is likely to make some patients feel more secure.

- Collection staff monitored for early signs of possible COVID infection with testing and exclusion if this is considered.
- The environment has procedures in place to ensure other patients either with, or at risk of having COVID are excluded from the location.

For further information please see a link to the Victorian DHS Guideline for pregnancy during the COVID crisis

<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

2. For any collection locations where a safe environment cannot be assured on site, firstly try and adjust the environment to make it safe (eg by identifying a suitable waiting location) and if this is not possible, identify alternate arrangements. This may include referral to another location run by your organisation, or to a location run by another pathology provider. Consider for any location whether a booking in advance is required and how this would be managed.

3. If a safe environment cannot be arranged for a locality, contact any relevant public or private organisations which manage antenatal care and inform them of this issue and seek guidance on other safe collection environments, or, if this cannot be arranged, their preferred alternative testing pathway (which may be that covered by ADIPS or local variation).

4. Inform your relevant requesting doctors of the availability of safe collection environments for performing a (P)OGTT. If there are any changes in usual practice, ie the need to book in advance or attend another location, then inform doctors of this change. Make clear in the information that the collection centre meets requirements for safe performance of the test, and that patients should be reassured about the safety of the procedure. This information will need to be tailored to the specific location of the requesting doctors.

5. If your laboratory is unable to ensure a safe environment for the (P)OGTT, inform the relevant requesting doctors and if an alternative protocol is proposed by local antenatal services, then this should be recommended, or they should be requested to contact the antenatal service managing the patient. If no local advice is available, the protocol in the revised ADIPS guideline can be recommended.

6. In order to reduce demand for performing (P)OGTTs, a campaign to promote the use of HbA1c for diagnosis of diabetes in the non-pregnant population is recommended.