

Glucose tolerance test (GTT) in pregnancy

Information for patients

We respect your choices and want to work with you to plan the best care during your labour and birth.

A useful way to make informed decisions is to use the **BRAIN** tool. This helps you think about the **Benefits, Risks, Alternatives**, your **Intuition**, and what happens if you do **Nothing**.

This leaflet explains about the glucose tolerance test (GTT) you may be offered.



Why am I being offered this test?

The Glucose Tolerance Test (GTT) checks whether you have gestational diabetes (diabetes that develops during pregnancy). Most women with gestational diabetes do not have any symptoms, so problems can develop without warning.

If gestational diabetes is not found and treated, it can increase the risk of:

- having a large baby (macrosomia)
- shoulder dystocia, where the baby's shoulder gets stuck during delivery
- high blood pressure and pre-eclampsia
- stillbirth (rare).

Many women who are offered the test because they have risk factors do not have gestational diabetes and go on to have a normal pregnancy.

What does it involve?

The community team will arrange and perform the test to check how your body processes glucose. You will need to fast from 10pm the evening before the test. Sips of water are allowed. During the test, a blood sample is taken. You are then given a glucose drink. After 2 hours, a further blood sample is taken.

You will need to remain in the clinical area throughout the test. Afterwards, you can eat and drink normally. Avoid smoking before and during the test.

Using BRAIN to make your choice



Benefits:

The test detects gestational diabetes early, which can:

- help you get the right care, including advice about diet, monitoring, and medication if needed
- make sure your baby's growth and amniotic fluid levels are monitored more closely
- reduce the risk of complications for both you and your baby.

Risks:

- You will need to fast before the test.
- The sugary drink may make you feel sick or nauseous.
- A small number of women have low blood sugar (reactive hypoglycaemia) after the test. This is usually harmless and does not need treatment. Bringing a healthy snack to eat afterwards may help.
- A diagnosis of gestational diabetes leads to increased monitoring. This will include:
 - finger prick testing of your blood glucose levels
 - possible need for medication (this could include insulin, which is given via a fine needle)
 - advice on medical interventions, such as induction of labour. It may change your recommended place of birth.

Alternatives:

- The glucose tolerance test is the gold standard diagnostic test. This means there is no other test validated for use in pregnancy to detect gestational diabetes.
- Capillary blood glucose monitoring is occasionally used instead, but there is no agreed standard for interpreting the results. The equipment is only provided by the NHS in specific situations, if you have had:
 - weight loss (bariatric) surgery – this means you cannot have a GTT. You will have your results reviewed by a specialist team.
 - gestational diabetes in a previous pregnancy.

Intuition:

- How do you feel about having the test?
- Do you have concerns about the drink, the process, or what a diagnosis might mean? Please discuss your concerns with your midwife.

Nothing (what happens if I do nothing?):

- We respect your right to make informed decisions about your care and want you to have all the information to be able to do so.
- If you choose not to have the test and you have undiagnosed gestational diabetes, there is an increased risk of:
 - having a large baby
 - birth trauma
 - induction or caesarean
 - stillbirth (this is rare)
 - your baby developing low blood sugar after birth
 - your baby needing admission to the neonatal unit for low blood sugar or breathing difficulties
- If signs of possible gestational diabetes develop later in pregnancy, the test may be offered to you again.

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