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SUWASIRIPAYA

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எனது இல)
My No.) FHB/MCU/ DM in pregnancy /2017

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Your No. :)

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Date) 23.11.2019

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Head of Institutions

Blood Sugar Screening for Hyperglycemia in Pregnancy (HIP)

Hyperglycaemia in Pregnancy (HIP) is a common medical condition during pregnancy and the prevalence is rising in Sri Lanka. The majority is gestational diabetes mellitus (GDM) with the remainder being primarily pre-gestational diabetes. HIP is associated with adverse fetal outcomes such as macrosomia, intrauterine fetal death, shoulder dystocia, birth injuries, hyperbilirubinemia, polycythemia, neonatal hypoglycemia, respiratory distress syndrome, childhood obesity, glucose intolerance and diabetes in later adolescence. Maternal complications associated with HIP are increased incidence of miscarriages, pre-eclampsia, cesarean delivery, and increased chance of developing type 2 DM later in life (approximately 50% in 5 to 10 years).

Based on the national consensus document on HIP developed by professional bodies and expert opinions received from other stakeholders, Technical Advisory Committee Maternal Health and Family Planning decided to update the Guideline on Screening of Hyperglycemia in pregnancy. New screening guideline will be as follows:

Blood glucose screening:

All pregnant women who are non-diabetic should be screened for diabetes with suitable screening test using venous blood: Tests should be performed at the first visit and 24-28 weeks.

At the first visit (preferably before 12 weeks of gestation), fasting blood sugar or post prandial blood sugar could be done either at hospital or field clinic.

Between 24-28 weeks of gestation, Oral Glucose Tolerance test (75G 2 hour OGTT) should be carried out in a hospital

(If clinically indicated OGTT can be repeated at third trimester around 34 weeks at a hospital.)

Note: 75g Monohydrated Glucose sachet (orange/lemon flavored) is available at FHB/ RMSD for screening purposes for pregnant women.

1. Depending on resource availability drawing of blood should be done at field or hospital clinic.
2. The district/ MOH division needs to identify the most feasible method considering resource availability.

3. If the blood sample is collected in the field, sample should be collected in NaF tubes (sugar tubes), store at 4-8 C (up to 24- 48 hours) and transport to the laboratory.
4. Laboratory testing facility should be arranged in the nearest government institution.
5. Relevant documentations should be maintained on performing these investigations from the time of collection samples and till receiving the results eg: H512
6. MOMCH of the district together with RDHS , district CCP and heads of the institutions has to organize a suitable mechanism within the district for implementation of this guidance.
7. The additional requirement of reagents and other consumable need to be included in the annual estimates.

Hereby I request all the field and hospital staff providing maternal care to comply with the above instructions and make every effort to provide quality care to pregnant women in screening for HIP.

The previous guideline for screening of diabetes in pregnant women(FHB/ MCU /DGHS /2015 , dated 24.02.2015) is cancelled by this guideline.


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 College of Chemical Pathologists in Sri Lanka/ Ceylon College of Physician/ College of Community
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 Provincial/district CCP.....f.n.a