

No. HFW-H(NRHM)/Standard Treatment Guidelines/2010  
National Health Mission  
Himachal Pradesh

To,

1. All the Chief Medical Officers/  
Block Medical Officers,  
Himachal Pradesh
2. The Head of Department, OBG  
KNSHM&C, Shimla/ Dr.RPGMC, Tanda



Dated Shimla-9, the

Subject: National guidelines for Diagnosis & Management of Gestational Diabetes Mellitus (GDM)- clarification thereof.

Dear Sir,

Please refer to our letter of even number dated 3<sup>rd</sup> June, 2015, whereby we had conveyed to you the technical and operation guidelines for diagnosis and management of GDM. The key points of the guidelines were mentioned in the letter. There also was a mention of what record is to be kept and how progress under this programme is to be reported on Standard Reporting Formats.

However, we are still not receiving reports on diagnosis & management of GDM. Further there are some queries from some of the districts regarding operationalization of the programme. It is hereby clarified:

1. All pregnant women (PW) in the community are to be tested twice during the antenatal period, 1<sup>st</sup> as early as possible in the pregnancy and 2<sup>nd</sup> during the 24-28 weeks of pregnancy, if the first test is negative with a gap of at least four weeks between the two tests. The test is to be conducted even if the pregnant woman (PW) reports late in pregnancy. If she presents beyond 28 weeks of pregnancy, only one test is to be done (Details available in guidelines).
2. **Methodology:** The PW is to be given 75 gm of glucose orally after dissolving it in approximately 300 ml water, whether the pregnant woman came in fasting or non-fasting state, irrespective of the last meal. The intake of the solution has to be completed within 5 minutes. A glucometer should be used to evaluate blood glucose 2 hrs. after the oral glucose load. The threshold plasma glucose level of  $\geq 140$ mg/dL is taken as cut off for diagnosis of GDM.
3. **Management:** All PW who test positive for GDM for the first time should be started on Medical Nutrition Therapy (MNT) for two weeks (details available in guidelines). After two weeks of MNT, a two hours Post Prandial Plasma Glucose (PPPG) (Post meal) should be done. If two hour PPPG is  $< 120$ mg/dL repeat test every 2 weeks in 2<sup>nd</sup> trimester and every week in 3<sup>rd</sup> trimester. If two hour PPPG is  $\geq 120$ mg/dL

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medical management, Insulin therapy is to be started as per guidelines (for details see guidelines).

4. All Government Health Facilities (Health S/C, PHCs, CHCs, CHs, District/ Regional/ Zonal Hospital & Medical Colleges) will report on "Monthly GDM reporting format for health facilities" attached herewith, on similar lines as is being done for HMIS reporting. Both the Medical Colleges would submit these formats to their respective CMOs. All blocks will report on the "Monthly GDM reporting format for Blocks" attached herewith. All districts will report on "Monthly GDM format for Districts" attached herewith. The districts may submit these reports every month at [spomhnp@gmail.com](mailto:spomhnp@gmail.com).

All the previous guidelines relating to GDM are available on the website [www.nrhmhp.nic.in](http://www.nrhmhp.nic.in) under Maternal Health.



Mission Director,  
National Health Mission  
Himachal Pradesh  
e-mail: [md-hp-nrhm@nic.in](mailto:md-hp-nrhm@nic.in)

Endst.No. HFW-H(NRHM)Standard Treatment Guidelines/2010 Dated Shimla-9, the



Copy to:

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh for information please.
2. The Director Health Services to the Government of Himachal Pradesh for information please.
3. All the Gynaecologists working under Health Department of Himachal Pradesh for information please.
4. All the State Programme Officers, National Health Mission, Shimla for information please.
5. The Consultant (MIS), NHM Shimla with a request to upload the same on the website under Maternal Health Guidelines.



Mission Director,  
National Health Mission  
Himachal Pradesh

# Monthly GDM Reporting format for District Programme Managers

Report for the Month \_\_\_\_\_, Year \_\_\_\_\_

Name of District: \_\_\_\_\_

	In Number
Estimates no. of Pregnant Women:	
Estimates No. of deliveries:	
Total No. of ANC conducted in reporting month:	
No. of new GDM cases diagnosed in the reporting month:	
No. of GDM cases diagnosed in 1 <sup>st</sup> trimester in reporting month:	
No. of new GDM cases on treatment in the reporting month:	
No. of new GDM cases started on Insulin therapy in the reporting month:	
Cumulative No. of GDM cases on Insulin therapy in the reporting month:	
Supplies (Insulin & Glucometer) available in all blocks – Yes/No	
If No, reflect requirement in PIP/ to State HQs	

The Chief Medical Officer,

\_\_\_\_\_ District

## Monthly GDM Reporting format for Block Programme Managers

Report for the Month \_\_\_\_\_, Year \_\_\_\_\_

Name of District: \_\_\_\_\_

Name of Block: \_\_\_\_\_

	In Number
Estimates no. of Pregnant Women:	
Estimates No. of deliveries:	
Total No. of ANC conducted in reporting month:	
No. of new GDM cases diagnosed in the reporting month:	
No. of GDM cases diagnosed in 1 <sup>st</sup> trimester in reporting month:	
No. of new GDM cases on treatment in the reporting month:	
No. of new GDM cases started on Insulin therapy in the reporting month:	
Cumulative No. of GDM cases on Insulin therapy in the reporting month:	
Supplies (Insulin & Glucometer) available in all Health facilities – Yes/No	
If No, indicate requirements:	

The Block Medical Officer,

\_\_\_\_\_ District

# Monthly GDM Reporting format for Health Facility

Name of the Health Facility: \_\_\_\_\_ Month: \_\_\_\_\_, Year: \_\_\_\_\_

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_

	In Number
Total No. of deliveries:	
Total No. of ANC conducted in reporting month:	
No. of new GDM cases diagnosed in the reporting month:	
No. of GDM cases diagnosed in 1 <sup>st</sup> trimester in reporting month:	
No. of new GDM cases on treatment in the reporting month:	
No. of new GDM cases started on Insulin therapy in the reporting month:	
Cumulative No. of GDM cases on Insulin therapy in the reporting month:	
No. of GDM cases referred for management to higher facility:	
Whether adequate supplies (Insulin & Glucometer) were available throughout the month at reporting facility – Yes/No	
If No, indicate requirement:	

Signature