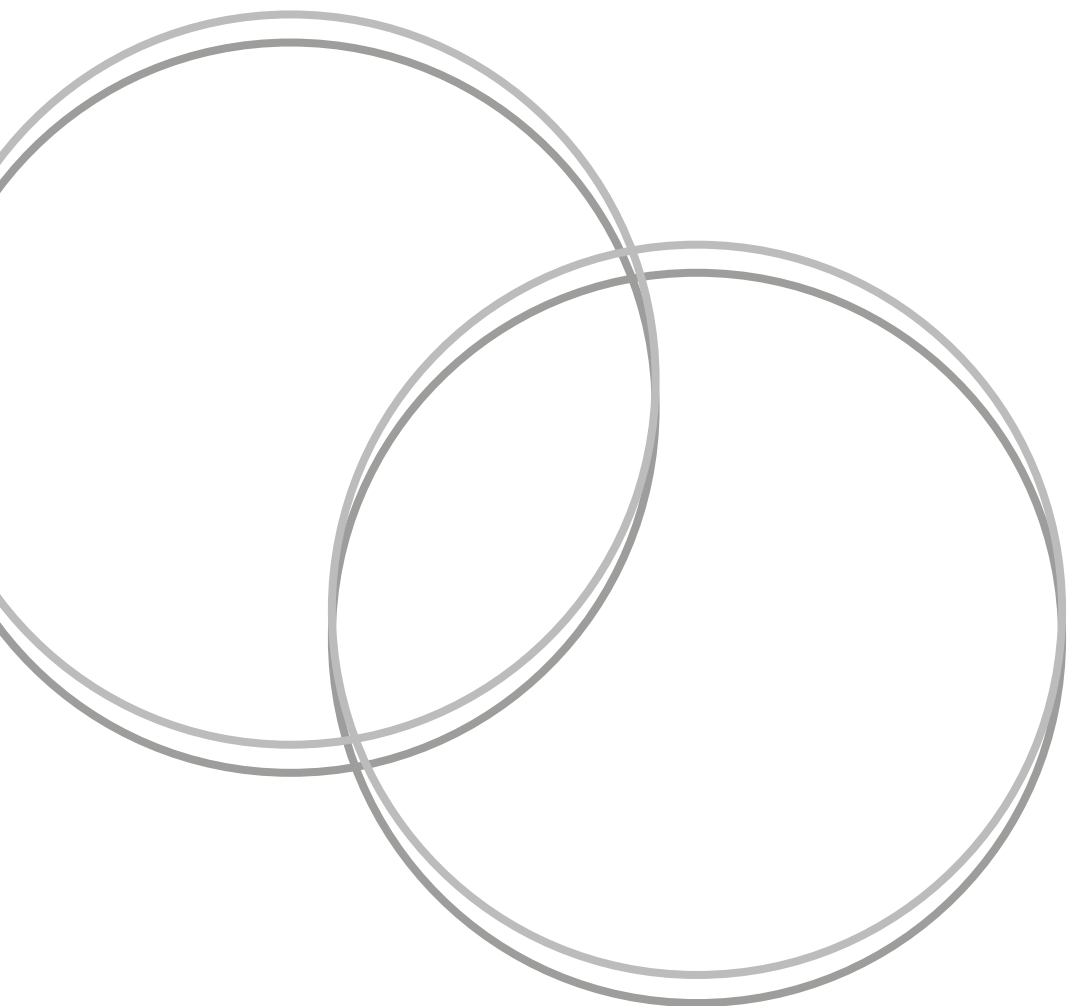


Glucose tolerance testing in pregnancy

Information leaflet



A Glucose Tolerance Test (GTT) is a blood test to diagnose **gestational diabetes** – diabetes which can develop during pregnancy.

The test measures your body's ability to maintain a normal blood glucose (sugar) level and is routinely offered between **24** and **26 weeks** of pregnancy.

We offer an earlier test if you developed gestational diabetes during a previous pregnancy. We may also advise a GTT at another time if we think it is clinically necessary.

The GTT presents **no risk** to your baby.

Why we offer you a GTT

We will offer you a GTT if we identify you as having:

- a Body Mass Index (BMI) of 30 or over: BMI is calculated from your weight in kilograms and your height in metres – a healthy BMI is considered to be between 18.5 and 24.9 kg/m²
- had a baby previously who weighed over 4.5kg (9lbs 14oz)
- had confirmed gestational diabetes in a previous pregnancy
- an ethnicity with high prevalence of diabetes
- a first degree relative with diabetes (mother / father / brother / sister) including gestational diabetes
- a confirmed diagnosis of Polycystic Ovary Syndrome (PCOS)
- glucose in your urine
- a baby that died unexpectedly during a previous pregnancy
- certain medication for example antipsychotics or epilepsy medication.

How to prepare for your GTT

Continue to eat your **normal diet** until the **night before** your test.

Please do **not** restrict your sugar intake.

If you are on **metformin** for reasons other than diabetes (for example Polycystic Ovary Syndrome) please **stop** your metformin tablets **5 days before the test**. You can restart your metformin after the test.

The night before your GTT

Please **do not eat or drink anything other than plain water** for a minimum of **8 hours** before your GTT – this **includes** mints, chewing gum and liquid medication for heartburn such as Gaviscon™.

Please **do not smoke or vape** as this may alter the result of your GTT.

If you forget, and you eat something in the morning, please contact your community midwife or the Diabetes Midwifery Team so that your GTT can be rearranged.

The location of your test will depend on your community midwifery team.

What happens at your appointment

At your appointment we will take a **blood sample** and give you a special **glucose drink**.

After two hours we will take a **second blood sample**.

While you are waiting for us to take the second blood sample, please **do not eat anything**.

Please also **stay in the department** as walking around may affect the result of the test.

After we take the second blood sample you can leave the department and eat and drink as normal.

Results

Between 2% and 12% of pregnancies can be affected by higher than normal sugar levels in the blood.

The actual figure may vary from region to region, depending on several factors, including ethnic group.

The results of your GTT will be available within a week.

If your result is normal

If your GTT result is normal, your community midwife will tell you at your next antenatal appointment.

If you have any concerns at all, please contact the Diabetes Midwifery Team.

If your result is abnormal

The Diabetes Specialist Midwife will contact you and offer you an appointment to discuss the result, usually within 7 days.

We will make further appointments for you at an antenatal clinic that specialises in gestational diabetes.

Contact us

Diabetes Midwifery Team: **01865 851 039**

Resources

NHS website: **www.nhs.uk/conditions/gestational-diabetes**

Diabetes UK: **www.diabetes.org.uk**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their valuable contribution in the development of this leaflet.

Authors: Diabetes Specialist Midwife, Web Communications Manager,
Quality Assurance Midwife

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