

Diabetic Retinal Screening in Pregnancy

Pregnancy increases the risk of developing diabetic retinopathy (DR) and the rate of its progression. **It is essential that retinal screening referrals are undertaken when women with known diabetes become pregnant.**

Screening guideline

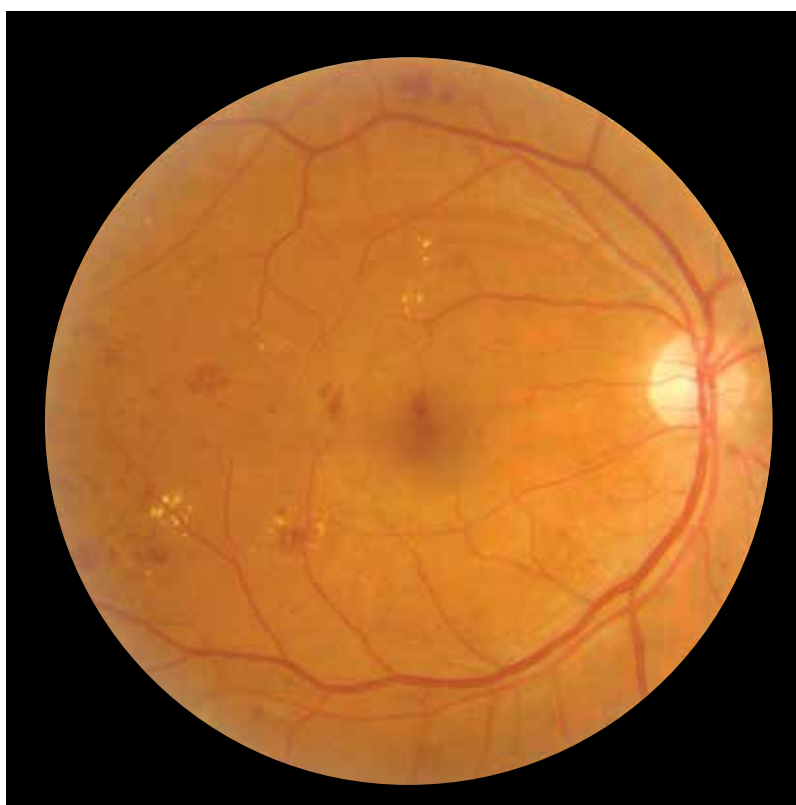
- All pregnant women with established diabetes (type 1 or type 2) should be screened in the first trimester of their pregnancy.
- If a pregnant woman is not known to have diabetes, but has an HbA1c of 50 mmol/mol or greater when booking their antenatal blood tests (they are likely to have had diabetes at conception). These women should also be screened in the first trimester or within four weeks of detecting their diabetes, and may need to be monitored during and after their pregnancy.
- Women who develop gestational diabetes after 20 weeks of pregnancy do not need to be screened for DR.

Screening outcome

Good management of the modifiable risk factors, such as glycaemic control and blood pressure control, reduces the risk of DR occurrence and progression.

Those women who have:

- no DR and no modifiable risk factors can continue with their normal two- or three-yearly screening
- minimal DR will need more frequent screening during their pregnancy
- mild or more advanced DR will need an early referral to an ophthalmologist for ongoing review during their pregnancy.



Retinal screening pathway

