

Preparing for glucose testing and failing test next steps



Why glucose testing is done in pregnancy

Glucose testing in pregnancy looks for gestational diabetes, a condition in which pregnancy hormones increase insulin resistance and blood glucose rises above the target range. The placenta produces hormones that help support fetal growth, but those same hormonal shifts can make maternal tissues less responsive to insulin. For many people, the pancreas compensates by producing more insulin. When compensation is not enough, glucose levels may rise.

Screening is usually performed in the late second trimester, often around 24 to 28 weeks, although people with risk factors or known pre-existing diabetes before conception may be assessed earlier or monitored differently. Common risk factors include a prior history of gestational diabetes, higher body mass index, polycystic ovary syndrome, a strong family history of diabetes, prior delivery of a large infant, or glucose abnormalities before pregnancy.

The goal is not to label or blame. The purpose is to identify hyperglycemia early enough to reduce risks such as fetal overgrowth from maternal hyperglycemia, birth complications, neonatal hypoglycemia, and the need for more intensive maternal monitoring. Testing also helps guide postpartum glucose testing because gestational diabetes can predict a higher lifetime risk of type

2 diabetes.

Know which test you are having

There are two broad approaches: a screening test and a diagnostic test. In many practices, the first step is a one-hour glucose screening test. You drink a measured glucose solution, and your blood glucose is checked one hour later. This is often called a glucose challenge test. It is a screening tool, meaning it is designed to catch people who may need more precise testing. A high value on this test does not always mean gestational diabetes.

If the one-hour result is above the practice's cutoff, the next step is commonly a diagnostic oral glucose tolerance test, often a three-hour test in the two-step approach. This test usually requires fasting, a fasting glucose blood sample, a larger glucose drink, and several timed blood draws. Some settings use a one-step diagnostic test instead, such as a two-hour oral glucose tolerance test. Your clinician or laboratory should tell you exactly which protocol you are scheduled for.

Because protocols vary, do not rely only on advice from friends or online groups. Ask whether your test requires fasting, how long you should expect to be at the lab, whether you may drink water, and what to do if you feel nauseated or vomit after the glucose drink. Clear instructions are especially important if you have diabetes, have had bariatric surgery, experience reactive hypoglycemia, or take medications that affect glucose metabolism.

Food, fasting, and carbohydrate preparation

For an oral glucose tolerance test, preparation can influence the result. Standard guidance for a formal glucose tolerance test includes eating an unrestricted diet for at least three days beforehand, with enough carbohydrate intake, often described as at least 150 grams of carbohydrate per day. This matters because restricting carbohydrates before the test can alter glucose handling and make the results harder to interpret.

In practical terms, do not start a low-carbohydrate diet, skip meals, or try to "game" the test in the days leading up to it. Eat your usual balanced meals unless your clinician gives different instructions. Examples of

carbohydrate-containing foods include whole grains, fruit, milk or yogurt, beans, potatoes, rice, pasta, and bread. The point is not to overeat sugar; it is to avoid unusual restriction that does not reflect your normal physiology.

If your test requires fasting, you are commonly asked to avoid food and drink except small sips of water for 8 to 14 hours before the test. Confirm the exact fasting window with your care team or laboratory. Water is typically allowed and may make blood draws easier, but sweetened drinks, coffee with milk or sugar, gum, candy, and caloric supplements can interfere with results.

If the scheduled time makes fasting difficult because of nausea, work, childcare, or a history of low blood glucose, tell your care team. A morning appointment is often easier for fasting tests. If you are unsure whether your upcoming appointment is a screening test that permits normal eating or a diagnostic test that requires fasting, call before the test day.

Medications, illness, exercise, and safety planning

Several factors can affect glucose tolerance and test interpretation. Illness, acute infection, significant stress, smoking, vigorous exercise, and some medications may change blood glucose levels. Steroids, certain psychiatric medications, beta-agonists, and diabetes medications are examples of drug categories that may be relevant, but you should not stop or adjust any medication without clinician guidance.

Before the test, ask your obstetric clinician, diabetes clinician, or pharmacist whether your usual medications should be taken as scheduled. This is particularly important if you use insulin, metformin, glyburide, or any other glucose-lowering therapy. Pregnancy changes insulin needs, and fasting can increase the risk of hypoglycemia in some people.

If you monitor your own glucose and your fasting blood sugar is low before leaving home, follow your individualized diabetes safety plan. General laboratory-preparation guidance advises people with diabetes to contact the lab or care team and consider rescheduling a fasting test if blood glucose is below 70 mg/dL before leaving home. If you have already taken diabetes medication, tell the laboratory staff. Bring glucose tablets or a carbohydrate snack so you can treat low blood sugar if instructed and eat promptly once the test is

complete.

Try to avoid strenuous exercise immediately before the test unless your clinician says otherwise. Normal daily activity is generally appropriate, but an unusually intense workout can affect glucose handling. If you are acutely ill, vomiting, unable to fast safely, or taking a new medication that may affect glucose, ask whether the test should be delayed.

What to expect on the test day

On arrival, the staff may confirm your name, gestational age, fasting status, medications, and test type. For a fasting diagnostic test, a baseline blood sample is usually drawn before you drink the glucose solution. Timed blood samples are then collected at specific intervals. The timing matters, so try to remain in the testing area and follow staff instructions closely.

The glucose drink is very sweet and may cause nausea, bloating, lightheadedness, or a racing feeling. Some laboratories require you to finish it within a specific time. If you vomit, tell the staff immediately; the test may need to be stopped and rescheduled because the glucose dose was not absorbed reliably.

During the waiting periods, avoid eating, drinking anything other than permitted water, smoking, or leaving for a walk unless staff allow it. Bring quiet activities, a phone charger, and something to keep you comfortable. If you are prone to nausea, ask whether chilling the drink, using a specific flavor, or scheduling early in the day is possible.

After the final blood draw, eat a balanced snack or meal, especially if you have been fasting. If you use diabetes medications, clarify when to resume your usual plan. If you feel shaky, sweaty, confused, faint, or unable to drive safely, alert staff before leaving.

If you fail the screening test

The word "fail" can sound harsh, but an abnormal glucose screening result is better understood as "needs more information." The one-hour glucose screening test is intentionally sensitive. It identifies people who may have impaired

glucose tolerance, but it also flags many who will have normal diagnostic testing.

Your next step depends on the value, your practice's protocol, and your clinical history. Often, your clinician will order an oral glucose tolerance test. In some cases, if the screening value is very high or if you have other risk factors, your team may discuss management sooner. Do not begin a restrictive diet, skip carbohydrates, or start glucose monitoring unless your clinician advises it. Sudden dietary changes can worsen nausea, reduce nutritional adequacy, and increase anxiety without improving diagnostic clarity.

While waiting for follow-up, it is reasonable to continue general pregnancy nutrition habits: regular meals, protein and fiber with carbohydrate foods, hydration, and gentle activity if approved for you. These are supportive measures, not a substitute for testing. If you have symptoms such as excessive thirst, frequent urination beyond your pregnancy baseline, unexplained weight loss, vomiting, or feeling acutely unwell, contact your care team promptly rather than waiting for the next appointment.

If diagnostic testing confirms gestational diabetes

If diagnostic testing confirms gestational diabetes, your care team will usually build a plan around nutrition, glucose monitoring, physical activity when appropriate, fetal growth surveillance, and medication if needed. Many people can meet glucose targets with meal planning and activity; others need insulin or another medication. Needing medication is not a personal failure. It often reflects placental hormone effects and individual insulin reserve.

You may be taught blood glucose monitoring in pregnancy, including fasting and post-meal checks. Targets vary by clinician and local guidelines, so use the goals given to you. A registered dietitian or diabetes educator can help translate targets into realistic meals that still support pregnancy nutrition. The plan should consider nausea, food access, work schedule, cultural foods, appetite, and any history of disordered eating.

Gestational diabetes follow-up testing does not end at birth. After delivery, insulin resistance usually improves, but postpartum glucose testing is commonly recommended to check whether glucose metabolism has returned to normal and to

estimate future diabetes risk. Your clinician can also discuss long-term prevention strategies, breastfeeding considerations if relevant, contraception, and planning for future pregnancies.

Emotionally, the diagnosis can bring guilt, frustration, or fear. Those feelings are valid, but they are not evidence that you did anything wrong. The most helpful next step is a practical partnership with your care team.