**Clinical decision support example: gestational diabetes**

**Scenario 1**

Sarah Smith, aged 31, has a positive pregnancy test result at home. She books an appointment with her GP surgery. At the surgery, Sarah sees the receptionist who confirms that Sarah’s name, address and date of birth are correct on the GP system.

After a short wait, Sarah goes in to see Dr Susan Harris, a GP registrar. Dr Harris briefly reviews Sarah’s problem list on her electronic health record but for some reason gestational diabetes is not obvious in the list. Dr Harris asks Sarah about her medical history, previous pregnancy and general health. Sarah says that the birth weight of her first child was 4.6kg. Dr Harris adds this detail and an alert flag appears on Dr Harris’s screen, showing that more information is available. Dr Harris clicks on the alert flag, which displays a message describing the risk factors for gestational diabetes and advising that Sarah should be urgently referred for an ante-natal assessment and an Oral Glucose Tolerance Test (OGTT). Dr Harris makes the referral using a template that selects the relevant coded data from Sarah’s record.

**Scenario 2**

Rabeya, aged 28, has a positive pregnancy test result at home. This is her first pregnancy. She makes an appointment with the Portsmouth Maternity Centre to attend a midwife-led antenatal clinic. At the clinic, the receptionist asks for her name, address and date of birth and looks her up on the national patient index to confirm her details. The receptionist notes a change in Rabeya’s address on the hospital maternity system and checks Rabeya in to the clinic.

Rabeya goes in to see the midwife, Helen Dewey. Helen asks Rabeya about her medical history, general health and whether any of her family have long-term conditions. Rabeya explains that her mother and uncle had diabetes and she thinks that her grandfather in Sri Lanka also had the condition. Helen notes this in the maternity system. Helen notices that the maternity system does not show Rabeya’s ethnic origin correctly. When Helen updates this information, an alert message appears, advising that Rabeya should be urgently referred for an OGTT and a consultation with a diabetologist. Helen explains to Rabeya that the test and referral are needed because of the two risk factors of family history and coming from an ethnic group with a higher prevalence of gestational diabetes. Helen makes the referral using a template that selects the relevant coded data from Rabeya’s record.