

Diagnostic criteria in use in Australia

WHO guidelines recommendations

GDM should be diagnosed* at any time during pregnancy if one or more of the following criteria are present:

- fasting plasma glucose 5.1–6.9 mmol/L
- 1 hour plasma glucose \geq 10.0 mmol/L following a 75 g oral glucose load[‡]
- 2 hour plasma glucose 8.5–11.9 mmol/L following a 75 g oral glucose load

Diabetes in pregnancy should be diagnosed[†] if one or more of the following criteria are met:

- fasting plasma glucose \geq 7.0 mmol/L
- 2 hour plasma glucose \geq 11.1 mmol/L following a 75 g oral glucose load
- random plasma glucose \geq 11.1 mmol/L in the presence of diabetes symptoms

RACGP recommendations

GDM is diagnosed between 26 and 28 weeks of gestation based on a two step process:

- Screening – non-fasting glucose challenge test, if \geq 7.8 mmol/L then a fasting OGTT is performed
- Diagnostic test – fasting 75 g oral glucose load, with either fasting level $>$ 5.5 mmol/L or 2 hour plasma glucose \geq 8.0 mmol/L indicating GDM

*Diagnostic criteria for GDM are based on the risk of adverse pregnancy outcomes. However, since there is a continuous risk of adverse outcomes with increasing glycaemia, any diagnostic thresholds will be somewhat arbitrary.

[†]Diagnostic criteria are the same as the 2006 WHO criteria for diabetes diagnosis, based on the relationship between plasma glucose values and the risk of diabetes specific microvascular complications.

[‡]There are no established criteria for the diagnosis of diabetes based on the 1 hour post load value.

GPs need to be aware of the criteria currently in use in their location.

Close