

Glycaemic targets

Pharmacological therapy is recommended for women who do not achieve adequate glycaemic control with nutritional therapy and exercise alone.[1]

The definitive definition of 'adequate glycaemic control' has not yet been determined,[1] hence there is variation among recommended glycaemic targets. (See table below) There is limited data to suggest whether 1 hour postprandial testing is more appropriate than 2 hours postprandial testing.[1]

When assessing blood glucose levels in individual women, the patterns of glycaemia are more important than individual results.[2] Postprandial glucose levels are directly dependent on the carbohydrate content of the meal, therefore outlying blood glucose levels are likely to be due to dietary factors.[2] Therefore to assist decisions, blood glucose levels should be recorded in conjunction with a food log.[1]

Glycaemic targets for women with GDM

RACGP[3]	ADIPS ⁺ [2]	ADA, ACOG and Therapeutic Guidelines[1,4,5]	NICE[6]
pre-prandial 4–6 mmol/L	fasting ≤5.0 mmol/L	fasting ≤5.3 mmol/L	fasting 3.5–5.9 mmol/L
2 hour postprandial <7 mmol/L	1 hour postprandial ≤7.4 mmol/L 2 hour postprandial ≤6.7 mmol/L	1 hour postprandial ≤7.8 mmol/L 2 hour postprandial ≤6.7 mmol/L	1 hour postprandial <7.8 mmol/L

References

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