GESTATIONAL DIABETES MELLITUS (GDM)

A diagnosis of GDM is made if **one or more** of the following glucose levels are elevated:

Fasting glucose **≥ 5.1** mmol/L

1-hr glucose   **≥ 10.0** mmol/L

2-hr glucose   **≥ 8.5** mmol/L

Target blood glucose levels are:

Fasting BG level **≤ 5.0**mmol/L

2 hour postprandial **≤ 6.7** mmol/L

If three results are > 6.8 mmol/L [including fasting blood sugars > 5.1 mmol/l] within a seven day period and there is no scope for further lifestyle modifications, the women will be referred to an Endocrinologist for consideration of insulin therapy.

Women at high risk for Gestational Diabetes Mellitus (GDM)

(One HIGH risk factor or two moderate risk factors)

➢ OGTT early in pregnancy [organised at first visit - around 10-12 weeks]

➢ If this test is negative, they will then have a repeat OGTT at 24-28 weeks.

Women at MODERATE risk for GDM

(One moderate risk factor only)

Should have fasting or random BGL with booking investigations. If fasting BGL ≥ 5.1 or random BGL ≥ 8.0 mmol/L, then a formal OGTT should be performed.

Risk factors for Gestational Diabetes

High risk factors	Moderate risk factors	Low risk factors
- History of GDM - Previous raised BGL or impaired glucose tolerance. - Age (>40 years) - Polycystic Ovary Syndrome. - Past history of large for dates baby, congenital abnormality or stillbirth. - BMI > 35 at any age - First degree family history of diabetes (incl GDM) - Medications (corticosteroids and antipsychotics)	- Ethnicity: - Asian - Indian sub-continent - Aboriginal - Torres strait Islander, - Pacific Islander, - Maori - Middle Eastern - Non-white African - BMI: 25-30 kg/m2	Women lacking any of the high or moderate characteristics
One risk factor = **HIGH** risk	- One moderate risk factor = **MODERATE** RISK ≥ 2 moderate risk factor = **HIGH** risk	**LOW** risk