

17.3.2 Flowchart for gestational diabetes mellitus screening and diagnosis (revised Feb 2019)

Note: At MMH HbA1c is the preferred test in the first trimester. See page 42.

Screening and diagnosis gestational diabetes mellitus¹

(Revised February 2019)

Risk factors for GDM

- **BMI greater than 30 kg/m²** (pre-pregnancy or on entry to care)
- **Ethnicity** (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African)
- **Previous GDM**
- **Previous elevated BGL**
- **Maternal age 40 years or older**
- **Family history DM** (1st degree relative or sister with GDM)
- **Previous macrosomia** (birth weight Greater than 4500 g or greater than 90th percentile)
- **Previous perinatal loss**
- **Polycystic Ovarian Syndrome**
- **Medications** (corticosteroids, antipsychotics)
- **Multiple pregnancy**
- **Ethnicity**

GDM diagnosis

At MMH, HbA1c is the preferred test in the first trimester

HbA1c

- First trimester only
- Result equal to or greater than 41 mmol/mol (or 5.9%)

OGTT (after 12 weeks)

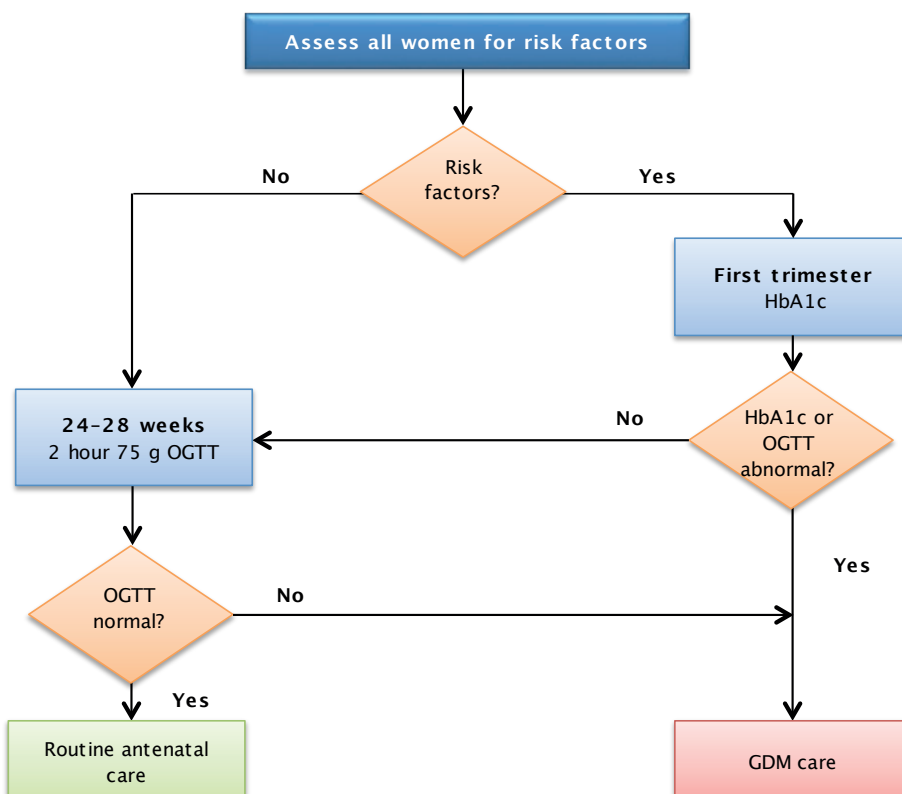
One or more of:

- Fasting BGL equal to or greater than 5.1 mmol/L
- 1 hour BGL equal to or greater than 10 mmol/L
- 2 hour BGL equal to or greater than 8.5 mmol/L

OGTT advice for women:

- Fast (except for water) for 8–14 hours prior to OGTT
- Take usual medications.

Note: a single elevated fasting BGL of 5.1–5.5 mmol/L in the first trimester does not constitute a diagnosis of GDM; these women will be recommended to have an HbA1c (if still first trimester) or 2 hour OGT



1. https://www.health.qld.gov.au/_data/assets/pdf_file/0023/140099/g-gdm.pdf