Australasian Diabetes in Pregnancy Society

ADIPS 2024 Consensus Recommendations for the Screening, Diagnosis and Classification of Gestational Diabetes

Executive Summary

Introduction

The Australasian Diabetes in Pregnancy Society (ADIPS) has historically led clinical guidance in relation to diabetes in pregnancy in Australia.[1-3] ADIPS last updated consensus guidelines for the testing and diagnosis of GDM in 2014.[3] These 2024 ADIPS Consensus Recommendations update guidance for the screening, diagnosis, and classification of hyperglycaemia in pregnancy based on available evidence and stakeholder consultation. Systematic evidence reviews prepared for the Scottish Intercollegiate Guidelines Network and the New Zealand draft national clinical guidelines were used with permission.[4,5] Consultation included a series of workshops with key stakeholders hosted by ADIPS between 2022 and 2024, reports of which are available online.[6-8] Draft recommendations were then circulated for consultation. Sixty submissions from across Australia and New Zealand further informed the final recommendations.

This Executive Summary has been disseminated to support timely preparation and planning for implementation of the finalised recommendations while publication of the full report is pending. Health services, networks and other organisations are strongly encouraged to reference the published report when preparing their own clinical guidance.

Key recommendations

1. *Overt diabetes in pregnancy (overt DIP)*
    - Overt diabetes in pregnancy (overt DIP) should be diagnosed at any time in pregnancy if one or more of the following criteria are met:
        - Fasting plasma glucose (FPG) ≥7.0 mmol/L
        - 2-h plasma glucose (2hPG) ≥11.1 mmol/L following a 75 g 2-h pregnancy oral glucose tolerance test (POGTT)
        - Haemoglobin A1c (HbA1c) ≥6.5% (≥48 mmol/mol)

2. *Diagnosis of GDM irrespective of gestation*
    - Irrespective of gestation, GDM should be diagnosed using one or more of the following criteria during a 75 g 2-h POGTT:
        - FPG ≥5.3 to 6.9 mmol/L
        - 1-h plasma glucose (1hPG) ≥10.6 mmol/L
        - 2hPG ≥9.0 to 11.0 mmol/L

3. *First trimester screening for women with risk factors*
    - Women with risk factors (Box 1) for hyperglycaemia in pregnancy should be advised to have an HbA1c measured in the first trimester.
    - Women with HbA1c ≥6.5% (≥48 mmol/mol) should be diagnosed and managed as having overt DIP.

4. *Early screening for women with a history of GDM or elevated HbA1c*
   - Prior to 20 weeks' gestation, and ideally between 10-14 weeks' gestation, if tolerated, women with a previous history of GDM or an early pregnancy HbA1c ≥6.0 to 6.4% (42-47 mmol/mol) but without diagnosed diabetes, should be advised to undergo a 75 g 2-h POGTT.
   - The term "early GDM" refers to GDM detected before 20 weeks' gestation.

5. *Routine screening for all women at 24-28 weeks*
   - All women (without diabetes already detected in the current pregnancy) should be advised to undergo a 75 g 2-h POGTT at 24-28 weeks' gestation.

Box 1. Risk factors for GDM, including odds ratios from published meta-analyses.[9,10]

Risk factor	Odds Ratio for GDM
Previous GDM	8.4-21.1
Obesity	5.6
Overweight	2.8
Family history of diabetes	2.3-3.5
Age	
30-34 years	2.7
35-39 years	3.5
40+ years	4.9
Polycystic ovarian syndrome	2.0-2.9
Hypothyroidism	1.9
History of adverse pregnancy outcomes	
Macrosomia	2.5-4.4
Pre-term delivery	1.9-3.0
Congenital anomaly	3.2
Stillbirth	2.3-2.4
Pregnancy-induced hypertension	3.2
Multiparity	1.4

Additional considerations

Throughout development of these recommendations, consistency in screening and diagnostic approaches was identified as a key priority of consumers and health professionals. ADIPS also recognises that there will be particular circumstances in which an adapted approach is necessary.

The full Consensus Recommendations publication will provide additional discussion of various scenarios, limitations of current approaches, and future research directions. The document includes suggested approaches when POGTT is not undertaken and individualised approaches to early pregnancy screening. It is acknowledged that transition from the use of the former 2014 ADIPS lower GDM diagnostic criteria may warrant the development of local implementation strategies that consider how best to provide care during and after pregnancy for women with lesser degrees of hyperglycaemia that are no longer identified as having GDM.

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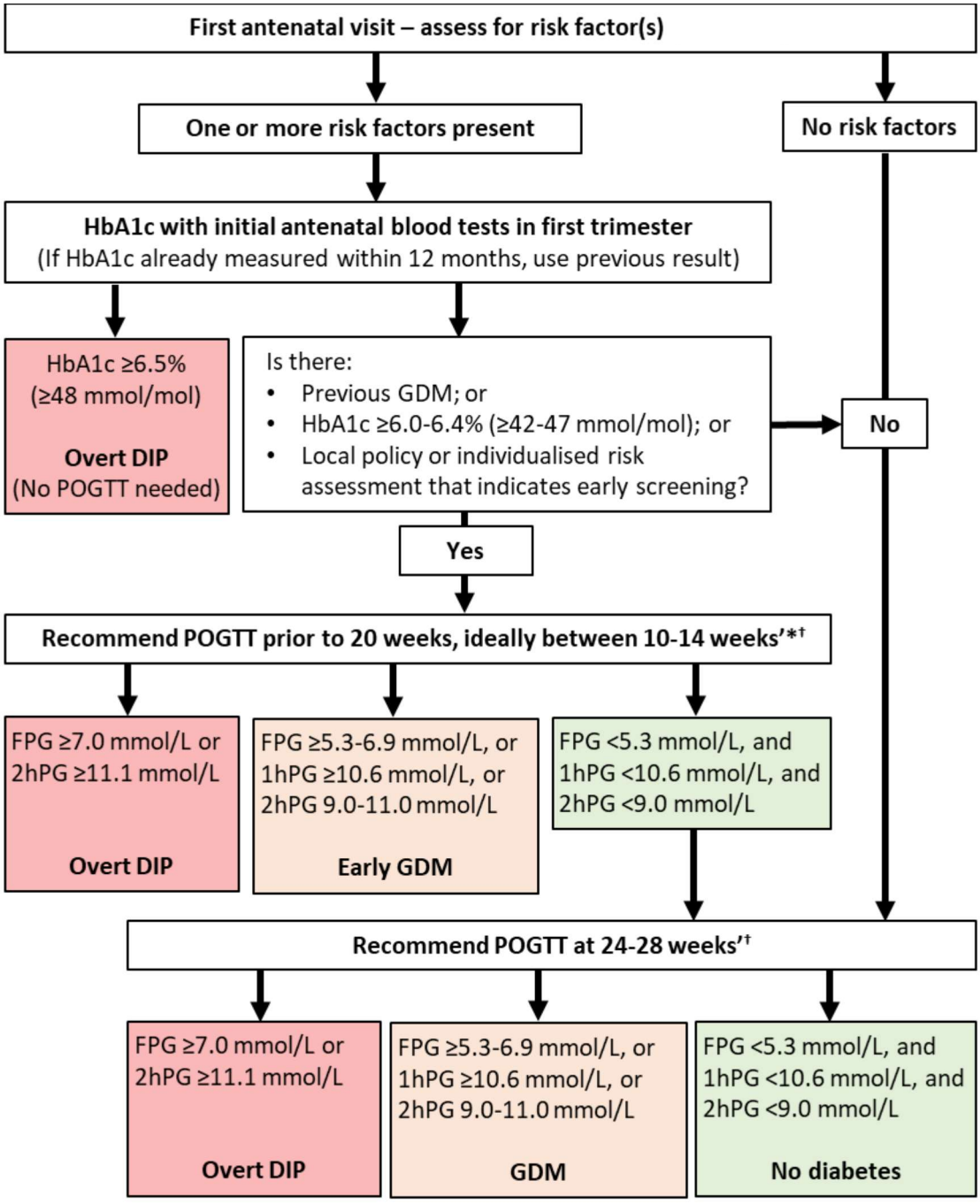
Flowchart summary of 2024 ADIPS Recommendations



*POGTT not recommended before 10 weeks' gestation but should be before 20 weeks' gestation.
†See Consensus Recommendations publication for options when POGTT not tolerated or declined.

Acronyms: BMI, body mass index; HbA1c, haemoglobin A1c; overt DIP, overt diabetes in pregnancy; GDM, gestational diabetes mellitus; POGTT, 2-hour 75 g oral glucose tolerance test; FPG, fasting plasma glucose; 1hPG, 1-hour plasma glucose; 2hPG, 2-hour plasma glucose.

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