

# ADIPS Consensus Guidelines for the Testing and Diagnosis of Hyperglycaemia in Pregnancy in Australia and New Zealand (modified November 2014)

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The Australasian Diabetes in Pregnancy Society (ADIPS) originally formulated recommendations for the testing and diagnosis of gestational diabetes mellitus (GDM) in 1991.<sup>1</sup> These guidelines were primarily based on expert opinion. With some local variations, the ADIPS guidelines have been used since that time. In the light of recent evidence, ADIPS has elected to revise these guidelines in the current document. Recommendations for future research are summarised at the end of this document.

The Hyperglycemia and Adverse Pregnancy Outcome study (HAPO) published in 2008<sup>2</sup> was a large, prospective, blinded, multinational, observational study that examined pregnancy outcomes in 23,316 women whose plasma glucose (PG) levels were **5.8**mmol/L fasting **and** 11.1mmol/L 2-hrs post 75g oral glucose load. This study reported a strong correlation between increasing maternal glucose levels at 24-32 weeks gestation and a range of adverse maternal and fetal outcomes. Subsequent consideration by the International Association of Diabetes and Pregnancy Study Groups (IADPSG), with Australasian representation, resulted in the formulation of new consensus guidelines for the testing and diagnosis of GDM.<sup>3</sup> These guidelines have been endorsed by several national organisations and the World Health Organisation (WHO)<sup>4</sup>.

There has been a change in the demographics of women becoming pregnant and an increase in the rate of type 2 diabetes mellitus (DM) in the Australian community.<sup>5</sup> This has resulted in more women of childbearing age having abnormalities of glucose tolerance, including undiagnosed DM, detected for the first time during pregnancy.

The WHO refers to hyperglycaemia in pregnancy with sub-division into DM and GDM. Women with DM are at higher risk of major pregnancy complications and require urgent attention, including evaluation for other complications of undiagnosed diabetes.

## 1. Recommendations for early testing for hyperglycaemia in pregnancy for women with risk factor(s)

Women, not known to have pre-existing glucose abnormalities, but with risk factors for hyperglycaemia in pregnancy (vide infra) should be tested early in pregnancy. The



(c) a random plasma glucose

3.



1-hour BG after commencing meal:  
2 hour BG after commencing meal:

**7.4mmol/L**  
**6.7mmol/L**

## References

- 1.

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