

Guidelines & References

Queensland Clinical Guidelines: Gestational diabetes mellitus (GDM) - MNT p24

What is it?

Glucose intolerance that is first diagnosed or recognised during pregnancy and does not meet criteria for diabetes outside of pregnancy

Diagnosis

Screening @ ~25 weeks – 75g OGTT (or in first trimester if risk factors)

GDM IF ONE OF:

OGTT Fasting >5.1

OGTT 1 hour post >10

OGTT 2 hour >8.5 or

HbA1C (first sem) >4.1

S/S

Most don't experience S/S - 3 Ps, nausea, glucosuria

Risk factors

Ethnicity (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Māori, Middle Eastern)

Previous GDM or elevated blood glucose levels

Maternal age 40+

BMI > 30 kg/m² pre-conception

Hx: Birth weight > 4500 g or > 90th centile, preterm birth

Medication - Corticosteroids & Antipsychotics

Family hx DM

Multiple pregnancy

PCOS

Hypothyroidism

Consequences

Mother

Pre-eclampsia (↑ BP, protein in urine, organ dysfunction) (short term)

Induced labour (short term)

Hypertension in labour (short term)

C-section (short term)

Progression to T2DM (long term)

Renal disease (long term)

Newborn

Prematurity, esp. if maternal hyperglycaemia severe and required insulin treatment (short term)

Respiratory distress syndrome (short term)

Cardiac anomalies (short term)

Impaired glucose tolerance (long term)

Development of T2DM (long term)

Overweight and obesity (long term)

Intervention

Medication: Metformin or Insulin

Food: Low GI, with minimum of 175g CHO/day, ↑ fibre

General healthy eating - balanced meals

Edu: CHO, GI, safe foods for pregnancy, label reading, eating enough, weight loss NOT recommended, healthy weight gain

Monitoring

BGL

Review every 2-3 weeks. 1 postnatal follow-up



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