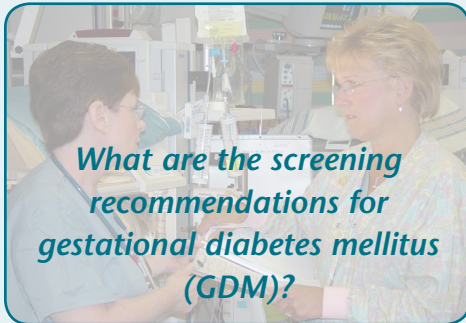


## Clinical Tip



*What are the screening recommendations for gestational diabetes mellitus (GDM)?*

If the mother has risk factors for diabetes, she should be screened at her first prenatal visit for undiagnosed type 2 diabetes. This testing may include a hemoglobin A1c evaluation.

### There are currently two screening recommendations for diagnosing GDM.

The first is from the International Association of Diabetes and Pregnancy Study Groups (IADPSG) Consensus Panel,<sup>100</sup> which is endorsed by the American Diabetes Association (ADA),<sup>90</sup> and the second is from the American College of Obstetricians and Gynecologists (ACOG).<sup>93</sup> \*Following a March 2013 National Institutes of Health Consensus Development Conference on Diagnosing Gestational Diabetes, a decision was made to continue the same two-step approach currently recommended by ACOG for glucose screening, (see ACOG recommendation to the right). Reasons cited included the following: an increased number of women would be identified as gestational diabetic using the one-step IADPSG / ADA screening criteria; there is lack of evidence that the identification and treatment of these women would result in improved maternal and neonatal outcomes; and there are potentially significant ramifications of a GDM diagnosis – increased health care costs and increased obstetric interventions as a result of a GDM diagnosis.<sup>93, A, B\*</sup>

*Passage within “\*\*” updated November 2013*

A. Reece EA, Moore T. The diagnostic criteria for gestational diabetes: to change or not to change? *Am J Obstet Gynecol* 2013;208:255-9.

B. Vandersten JP, Dodson WC, Espeland MA, et al. NIH consensus development conference: diagnosing gestational diabetes mellitus. *NIH Consens State Sci Statements* 2013;29:1-31.

### The IADPSG<sup>100</sup> Consensus Panel and the ADA,<sup>90</sup> recommends the following:

- At the first prenatal visit, screen for risk factors for undiagnosed type 2 diabetes and perform any diagnostic screening that is indicated, which may include a fasting plasma glucose, hemoglobin A1c, or random plasma glucose.<sup>90,100</sup>
- For those who have not been diagnosed with diabetes, between 24 and 28 weeks gestation, screen for diabetes with a 75 gram, 2-hour oral glucose tolerance test (75-g OGTT). Perform the test in the morning after an overnight fast of 8 hours.<sup>90,100</sup>
- The diagnosis of GDM is made if results are above any of the following plasma glucose values:<sup>90,100</sup>
  - ✧ Fasting  $\geq 92$  mg/dL (5.1 mmol/L).
  - ✧ 1 hour  $\geq 180$  mg/dL (10 mmol/L).
  - ✧ 2 hours  $\geq 153$  mg/dL (8.5 mmol/L).
- The diagnosis of overt (not GDM) diabetes in pregnancy is made if any of the following are present:<sup>100</sup>
  - ✧ Fasting  $\geq 126$  mg/dL (7 mmol/L).
  - ✧ Hemoglobin A1c is  $\geq 6.5\%$ .
  - ✧ If a random plasma glucose is  $\geq 200$  mg/dL (11.1 mmol/L), then confirmatory testing should be performed by obtaining a fasting plasma glucose or hemoglobin A1c.

### The ACOG recommends the following:<sup>93</sup>

- Screen all pregnant women for GDM. Screening methods include patient history, clinical risk factors, or a 50 gram, 1-hour glucose loading test (50-g OGTT) at 24 to 28 weeks gestation.
- If a 100 gram 3-hour oral glucose tolerance test is indicated, (50-g OGTT screen  $> 140$  mg/dL [7.8 mmol/L], or other strong clinical suspicion), the diagnosis of GDM is made when two or more elevated plasma or serum glucose levels are obtained.
  - ✧ Fasting  $\geq 95$  mg/dL (5.3 mmol/L).
  - ✧ 1 hour  $\geq 180$  mg/dL (10 mmol/L).
  - ✧ 2 hours  $\geq 155$  mg/dL (8.6 mmol/L).
  - ✧ 3 hours  $\geq 140$  mg/dL (7.8 mmol/L).