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,\(^{100}\) which is endorsed by the American Diabetes Association (ADA),\(^{90}\) and the second is from the American College of Obstetricians and Gynecologists (ACOG).\(^{93}\)

*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.\(^{93, A, B}\)

The IADPSG\(^{100}\) Consensus Panel and the ADA,\(^{90}\) 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.\(^{90,100}\)
- 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.\(^{90,100}\)
- The diagnosis of GDM is made if results are above any of the following plasma glucose values:\(^{90,100}\)
  - 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 ACOG recommends the following:\(^{93}\)

- 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).

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*Passage within “**” updated November 2013*
