Updated ADIPS 2025 GDM diagnostic criteria: what has changed, why it changed, and what it means for GPs

Gestational diabetes mellitus (GDM) is defined as hyperglycemia, diagnosed for the first time in pregnancy, but below the threshold for overt diabetes in pregnancy. Hyperglycemia in pregnancy increases the risk of adverse maternal pregnancy outcomes (pre-eclampsia, high infant birth weight, obstetric intervention) and perinatal outcomes (neonatal hypoglycemia, respiratory distress, NICU admission and jaundice).
The Australasian Diabetes in Pregnancy Society (ADIPS) recently updated the guidelines for screening and diagnosis of hyperglycemia in pregnancy in response to concerns around over-diagnosis, and variable benefit for lower-risk women, and recognising changes in contemporary guidelines and major trials.

What has changed??

- **New diagnostic criteria for GDM** using the POGTT at **any** gestation
    - fasting plasma glucose (FPG) 5.3–6.9 mmol/L
    - 1-hour ≥ 10.6 mmol/L
    - 2-hour ≥ 9.0–11.0 mmol/L
- Clarification of the diagnostic criteria for **Overt Diabetes in Pregnancy**
    - fasting plasma glucose ≥ 7.0 mmol/L
    - 2-hour ≥ 11.1 mmol/L
    - HbA1c ≥ 6.5% (48 mmol/mol)
- Women with **risk factors** for hyperglycemia in pregnancy should have an **HbA1c** measured **in the first trimester**
    - The risk factors remain unchanged from those used previously
    - Fasting plasma glucose levels should NOT be measured in the first trimester
    - If HbA1c ≥ 6.5% (48 mmol/mol), treat as overt diabetes and refer for diabetes education
    - If HbA1c 6.0-6.4% (42-47mmol/L), treat as GDM and refer for diabetes education
- In women with risk factors who did not have an HbA1c in the first trimester, a POGTT should be undertaken before 20 weeks, ideally at 10-14 weeks, using the new diagnostic criteria for diagnosis

There is no change to the recommendation to attend universal POGTT screening between 24-28 weeks gestation for all other women.
For primary caregivers, changing to the new criteria and targeting early diagnosis with an HbA1c/POGTT will ideally be straightforward, but the cultural shift and clear, empathic conversation about the risk, benefit and rational for fewer diagnoses is just as important.

If you have any questions, contact the RHW Diabetes Education Team on **SESLHD-RoyalHospitalforWomen-DiabetesServices@health.nsw.gov.au**

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