Australasian Diabetes in Pregnancy Society

ADIPS 2025 Consensus Recommendations for the Screening, Diagnosis and Classification of Gestational Diabetes (GDM)

Frequently asked questions: For people affected by or being screened for GDM

ADIPS recognises that changes in clinical recommendations can be confusing or unsettling. You are encouraged to discuss any questions or concerns with your local healthcare team. For a clear summary of the 2025 ADIPS GDM Recommendations, please see this article published in The Conversation on 23rd June 2025. ADIPS notes that the new recommendations are being implemented in Australia. Separate national GDM guidelines are used in Aotearoa New Zealand.

1. What are the changes being suggested?

Gestational diabetes (GDM) is diagnosed when blood glucose (sugar) levels are higher than certain thresholds. All pregnant women are still recommended to undertake an oral glucose tolerance test (OGTT) between 24 and 28 weeks' of pregnancy, unless there is a reason not to (for example, some women who have had bariatric surgery in the past). This hasn't changed.

The 2025 ADIPS Consensus Recommendations raise the glucose thresholds for diagnosing GDM during the OGTT. It is expected that fewer women at lower risk of complications will be diagnosed with GDM, while ensuring safe, effective care and support for women and their babies who will benefit most.

The OGTT involves a blood test following an overnight fast. Further blood tests are taken one and two-hours after drinking 75g of glucose. GDM is now diagnosed if any one of the following criteria is met:

- Fasting plasma glucose (FPG): 5.3–6.9 mmol/L
- 1-hour plasma glucose (1hPG): ≥10.6 mmol/L
- 2-hour plasma glucose (2hPG): 9.0–11.0 mmol/L

If the FPG is ≥7.0 mmol/L or the 2hPG is ≥11.1 mmol/L, we call that "overt diabetes in pregnancy" (overt DIP). These are the same thresholds for the diagnosis of type 2 diabetes in people who are not pregnant. Some, but not all, women with overt DIP will actually have undiagnosed diabetes that was there before the pregnancy but hadn't been picked up. A diagnosis of type 2 diabetes can only be confirmed after the pregnancy.

The 2025 ADIPS recommendations also clarify the suggested approach to early pregnancy screening. Women with risk factors for high glucose levels (hyperglycaemia) are recommended to do a haemoglobin A1c (HbA1c) blood test at the same time as all the other routine blood tests that are usually done in first trimester. You don't need to fast for this test and it only requires one blood test.

In early pregnancy, the two-hour OGTT is now only routinely recommended for women who have had GDM before in another pregnancy or for women whose HbA1c is borderline. If you're worried about your risk of GDM in early pregnancy, talk to your healthcare team. If you have multiple risk factors or if local guidelines have been developed specific to your area, your healthcare team might suggest you still do an OGTT early in pregnancy.

2. My care provider hasn't adopted the new criteria yet—do I still need to keep following their advice for gestational diabetes?

Yes. You should continue to attend your appointments and follow advice from your healthcare team. While the new ADIPS criteria have been released, it may take time for each hospital or clinic to put them into practice. ADIPS encourages services to make sure the changes fit their local population and systems. In the meantime, your care team will continue using the current guidelines to look after you.

3. I currently have GDM—what do these changes mean for me?

If you've already been diagnosed, you should continue with your current care plan. The new criteria will not change your diagnosis.

Your ongoing care will be individualised according to your blood glucose levels and medical history from your previous pregnancies. Your model of care may change based on these results. Please discuss this with your care provider.

Australasian Diabetes in Pregnancy Society

4. I've had GDM in the past but wouldn't be diagnosed under the new criteria—what does this mean for me?

Even if your previous diagnosis wouldn't be made under the new thresholds, it still signals that you have a higher risk of type 2 diabetes through your life, and risk of having GDM again in a future pregnancy. You may benefit from ongoing screening and lifestyle changes to reduce your risk of type 2 diabetes. This can be discussed with your GP.