

Diagnosing gestational diabetes

At 24-28 weeks gestation all women not known to have a pre existing diagnosis of diabetes should have an oral glucose tolerance test (OGTT). This test is carried out after an overnight fast. A blood sample is collected before, and at one and two hours after consuming a glucose drink.

Discuss test results and diagnostic criteria with your doctor or health professional.

Some women who are at a higher risk of developing gestational diabetes may be tested at the first opportunity after conception or at any time during the pregnancy if required. High risk factors for gestational diabetes include:

- previous gestational diabetes,
- previously elevated blood glucose level,
- 40 years of age and over,
- coming from a certain ethnic backgrounds such as Asian, Indian, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African,
- a family history of diabetes (1st degree relative),
- obesity, especially if BMI > 35 kg/m²,
- previous large baby (baby with birth weight > 4500 g or > 90th centile),
- polycystic ovarian syndrome,
- certain medications such as corticosteroids and antipsychotics.

Why test at around 24-28 weeks gestation?

Gestational diabetes most commonly develops around the 24th–28th week of pregnancy. Around this time your hormone levels are higher than they were earlier in pregnancy. Some of these hormones block the action of the mothers' insulin. This is known as insulin resistance. When the body cannot compensate by increasing insulin secretion, gestational diabetes occurs. The demand for insulin is greatest in the third trimester. Diagnosis at this stage allows time to manage and control the baby's growth.

Gestational diabetes does not usually give rise to symptoms so it is very important to be tested during your pregnancy.