Gestational Diabetes
GP Update, 2025

Your shortcut to the latest ADIPS Consensus: practical steps for general practice.

Key changes at a glance

- ADIPS 2025 raises OGTT diagnostic cut-offs slightly and clarifies overt diabetes in pregnancy (DIP) vs GDM.
- Screen earlier if risk factors are present (use HbA1c at first visit).
- If an OGTT isn't possible, fasting ≥5.3 → manage as GDM.
- Keep care person-centred; focus on maternal and infant long-term risks.

Key takeaways

Updated cut-offs (OGTT):
Fasting ≥5.3, 1-hr ≥10.6, 2-hr ≥9.0.
➡️ **What to do:** Update EMR shortcuts/templates and patient info.

Overt diabetes in pregnancy (DIP):
Diagnose at any gestation if HbA1c ≥6.5%, or random glucose ≥11.1 with symptoms, or OGTT meets diabetes thresholds.
➡️ **What to do:** Urgent obstetric/diabetes referral; flag for postpartum OGTT and ongoing follow-up.

Early, risk-based screening:
At the first antenatal visit: check risk factors; if present, order HbA1c <12 weeks (use a result from the last 12 months if available).
➡️ **What to do:** Add a "First visit: risk + HbA1c" order set; note indication on pathology for Medicare.

If OGTT not feasible:
Fasting ≥5.3 (early or 24–28 wks) → manage as GDM.
➡️ **What to do:** Treat and arrange OGTT later if possible; document clearly.

Person-centred approach:
Explain purpose of testing, reduce stigma, and emphasise benefits for mother and baby.
➡️ **What to do:** Use the script on the right; provide culturally appropriate materials.

Quick algorithm (Clinic use)

1. First antenatal visit → Assess risk.
- If risk factors → HbA1c now.
- No risk factors → book OGTT 24–28 wks.

2. Results
- HbA1c ≥6.5% or random ≥11.1 + symptoms → Overt DIP → urgent referral.
- OGTT meets GDM cut-offs → manage as GDM (dietitian, SMBG, shared care).
- OGTT declined/unavailable and fasting ≥5.3 → manage as GDM.

3. Postpartum (if GDM) → OGTT 6 wks; if not feasible, HbA1c/fasting. If contemplating another pregnancy, recommend an annual HbA1c or alternate glycaemic testing. If no further pregnancies planned, recommend diabetes or prediabetes screening every 1 to 3 years.

Postpartum reminders

Aim for 6-week OGTT (recognise practical barriers). If OGTT not done: HbA1c/fasting; then annual fasting (≈5 years) and re-screen in future pregnancies.

Documentation tips (Medicare)

Add a brief clinical note on pathology requests (e.g. "Early pregnancy, GDM risk assessment—HbA1c"). Re-use prior ≤12-month HbA1c if available.

One-liner for patients

"These tests help protect both you and baby now and long-term; if the results are out of normal range, we'll guide you step by step."

Where to next