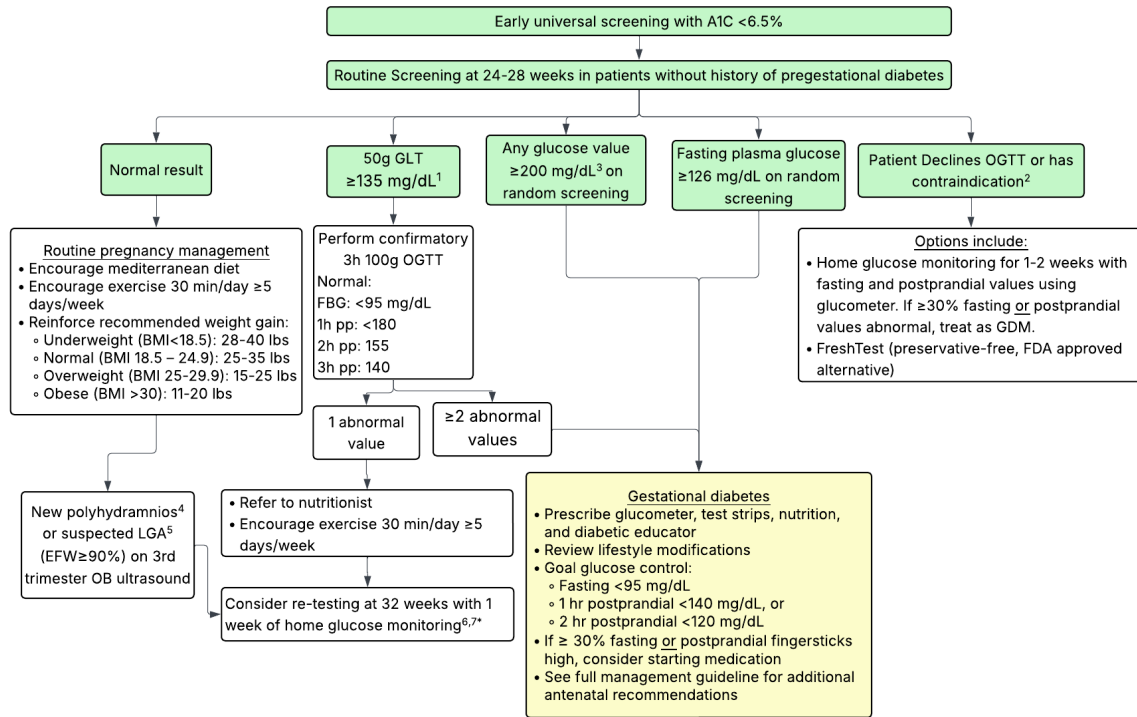




Diagnosis of Gestational Diabetes



1) This cutoff has sensitivity of 93%, specificity of 79% against Carpenter-Coustan criteria
 2) History of malabsorptive bariatric surgery, recent steroid administration, significant nausea/vomiting in pregnancy
 3) ACOG notes that 1 elevated value can be used to actually *diagnose* GDM; ADA does not specifically state that a single value ≥ 200 is diagnostic; however, this is extrapolated from ADA/WHO guidelines for random glucose cutoffs. A 50g GCT value ≥ 200 mg/dL has 81% PPV for GDM on confirmatory OGTT
 4) Sohn J, Lim HJ, Kim S, et al. Delayed diagnosis of gestational diabetes mellitus and perinatal outcomes in women with large for gestational age fetuses during the third trimester. *Obstet Gynecol Sci.* 2020;63(5):615-622
 5) Society for Maternal-Fetal Medicine (SMFM). Dashe JS, Pressman EK, Hibbard JU. SMFM Consult Series #46: Evaluation and management of polyhydramnios. *Am J Obstet Gynecol.* 2018 Oct;219(4):B2-B8.
 6. Roeckner JT, Sanchez-Ramos L, Jijon-Knupp R, Kaunitz AM. *Single abnormal value on 3-hour oral glucose tolerance test during pregnancy and adverse outcomes: systematic review and meta-analysis.* *Am J Obstet Gynecol.* 2016 Sep;215(3):287-97.
 7) Lee, SU, Hong, S, Choi, SK et al. *Glucose tolerance test with a single abnormal value as a predictor of type 2 diabetes mellitus: a multicenter retrospective study.* *Sci Rep* 2024; 14, 6792.
 *Paucity of data to suggest approach; our institution determined this by clinical consensus. Alternatively, repeat 3h 100g OGTT could be considered.

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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