■ Evelyn & Rose Women's Health

Gestational Diabetes in Pregnancy
(with latest ADIPS recommendations)

■ What is Gestational Diabetes (GDM)?

GDM is glucose intolerance first recognised during pregnancy. It occurs when pregnancy hormones reduce insulin effectiveness, leading to higher blood glucose. Early identification and tailored care improve outcomes for both mother and baby.

■ Latest ADIPS (2025) Screening & Diagnosis — Australia

• **Overt diabetes in pregnancy** can be diagnosed anytime with: Fasting plasma glucose (FPG) ≥ 7.0 mmol/L, or 2 hour plasma glucose (2hPG) ≥ 11.1 mmol/L on a 75 g oral glucose tolerance test (OGTT), or HbA1c ≥ 6.5% (≥ 48 mmol/mol).
• **GDM** is diagnosed at any gestation if *one or more* of the following are met during a 75 g, 2 hour OGTT:
— FPG ≥ **5.3** to **6.9** mmol/L (i.e., below overt diabetes level)
— 1 hour plasma glucose ≥ **10.6** mmol/L
— 2 hour plasma glucose ≥ **9.0** to **11.0** mmol/L (i.e., below overt diabetes level)
• **Early pregnancy (first trimester):** Women with risk factors should have an HbA1c measured. If HbA1c is 6.0–6.4% (42–47 mmol/mol) or you had GDM previously, your clinician may recommend an early OGTT (ideally 10–14 weeks).
• **Universal testing:** If diabetes has not already been detected, all women are advised to have a 75 g OGTT at 24–28 weeks.

■ What does care involve?

Most women can manage GDM with nutrition, regular activity, and glucose monitoring. Some will need medication (metformin and/or insulin) if targets are not met. Your team will individualise monitoring frequency and treatment.

■ Medical Nutrition Therapy (Diet) — Practical Guide

• **Balanced plate:** Half non-starchy veg; onequarter lean protein (eg, fish, chicken, tofu, eggs); one quarter **low GI** wholegrain or starchy carb (eg, grainy bread, basmati/brown rice, quinoa, potato with skin).
• **Carbohydrate pattern:** Spread carbs across the day — typically **3 small to moderate meals + 2–3 snacks**. Many women do well with ~30–45 g carb at meals and 15–20 g at snacks; your dietitian will tailor amounts.
• Aim for at least **175 g/day** of carbohydrate in pregnancy (for fetal brain development), choosing higher fibre, lowGI options.
• Include healthy fats (olive oil, avocado, nuts) and adequate protein to improve satiety and post meal glucose.
• **Breakfast tips:** Many women find glucose rises are greater in the morning — try lowerGI

carbs plus protein (eg, eggs and grain toast; Greek yoghurt with berries and oats).
• **Limit** sugary drinks/juices, large refined carb portions, and highly processed sweets.

■ Key nutrients

• **Iron:** lean red meat, legumes, leafy greens (pair with vitamin C foods).
• **Calcium:** dairy or calcium fortified alternatives (aim ~1000 mg/day).
• **Iodine:** use iodised salt; ensure prenatal vitamin contains iodine.
• **Folate:** continue recommended prenatal folic acid per advice.

■■■■ Physical activity

Unless advised otherwise, aim for **150 minutes/week** of moderate activity (eg, brisk walking, swimming, prenatal exercise) plus light resistance work. A **10–15 minute walk after meals** can meaningfully reduce post meal glucose.

■ Monitoring & When Medicines Are Needed

Your team will advise on finger prick glucose checks (often fasting and 1–2 hours after meals). If lifestyle alone isn't enough, **metformin** and/or **insulin** are safe and effective in pregnancy when clinically indicated.

■ Birth & baby

Most women with well managed GDM have a normal birth plan but may be offered an earlier induction or if baby is estimated to be large a caesarean section. There are increased fetal and maternal riskl Baby may have extra checks for blood glucose in the first day. Skin to skin contact and early feeding are encouraged.

■ After birth & longterm health

GDM usually resolves after delivery. Arrange a postpartum **OGTT at 6–12 weeks** to check for persistent diabetes. Maintain healthy eating and regular activity; plan 1–3 yearly diabetes screening. If eligible, ensure you're on the National Diabetes Services Scheme (NDSS) register for follow up reminders.

■ Key takeaway

With early diagnosis and individualised care, GDM can be well managed. Nutrition, movement, and monitoring form the foundation — and medicines are available if needed. Your Evelyn & Rose team will guide you every step of the way.

■ Evelyn & Rose Women's Health
Evidence based care for pregnancy, birth and beyond.
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