Supplementary table 1 – diagnostic testing and criteria for gestational diabetes according to different societies and guidelines

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|  | Routine/risk stratification | Early testing | Routine testing | Diagnostic criteria for GDM |
| ADIPS 2014 | Routine | Depending on risk factors.Methods of testing\* -Ideally POGTT or HbA1C. | One step strategy A75g OGTT at 24-28 weeks' gestation. | Any of the following:(a) Fasting plasma glucose 5.1–6.9 mmol/L (92−125 mg/dL).(b) 1-h post 75 g oral glucose load ≥ 10.0 mmol/L (180 mg/dL). \*\*(c) 2-h post 75 g oral glucose load 8.5–11.0 mmol/L (153−199 mg/dL). |
| RCOG (published 2015, updated 2020) | Risk factors | For women with GDM in prior pregnancy. Methods- 1-early self-monitoring of blood glucose2-75g 2 hours OGTT. | One step strategyA 75g 2-hour OGTT at 24 – 28 weeks. | Any of the following:(a) Fasting plasma glucose level ≥ 5.6 mmol/L (101 mg/dL).(b) 2-h post 75 g oral glucose load ≥ 7.8 mmol/L (140 mg/dL). |
| ADA 2022 | Routine |  | The “one-step strategy” 75-g OGTT ORThe “two-step” approach with a 50-g (non-fasting) GCT followed by a 100-g (fasting) OGTT for those who screen positive. | One step approach, any of the following:(a) Fasting plasma glucose level ≥ 5.1 mmol/L (92 mg/dL)(b) 1-h post 75 g oral glucose load ≥ 10.0 mmol/L (180 mg/dL)(c) 2-h post 75 g oral glucose load ≥ 8.5 mmol/L (153 mg/dL)Two step approach:(1) 1-hr post 50g oral glucose load ≥ 7.2, 7.5, or 7.8 mmol/L (130, 135, 140 mg/dL, respectively).Proceed to step 2.(2) At least two of the following post 100-g OGTT (Carpenter-Coustan criteria)-Fasting: 95 mg/dL (5.3 mmol/L)1 h≥ 10.0 mmol/L (180 mg/dL)2 h≥ 8.6 mmol/L (155 mg/dL)3 h≥ 7.8 mmol/L (140 mg/dL). |
| FIGO 2015 | Routine |  | One step strategyA 75g OGTT at 24-28 weeks gestation. | One or more of the following:(a) Fasting plasma glucose 5.1–6.9 mmol/L (92−125 mg/dL).(b) 1-h post 75 g oral glucose load ≥ 10.0 mmol/L (180 mg/dL).(c) 2-h post 75 g oral glucose load 8.5–11.0 mmol/L (153−199 mg/dL). |
| SOGC 2019 | Routine | Depending on risk factors, screening or testing should be offered during the first half of the pregnancy. | Preferred: two step strategy, with a 50-g (non-fasting) GCT followed by a 2-hour 75g OGTT.Alternative: – one step strategy 2-hour 75g OGTT. | Two step approach:(1) 1-hr post 50g oral glucose load is equal to 7.8 – 11.0 mmol/L (140 – 190 mg/dL) then proceed to step 2.If the value of the GCT ≥ 11.1 mmol/L (200 mg/dL), GDM is diagnosed.(2) One or more of the following:- Fasting plasma glucose ≥ 5.3 mmol/L (95 mg/dL)- 1-h post 75 g oral glucose load ≥ 10.6 mmol/L (191 mg/dL)- 2-h post 75 g oral glucose load ≥ 9.0 mmol/L (162 mg/dL).One step approach:One or more of the following-(a) Fasting plasma glucose ≥ 5.1 mmol/L (92 mg/dL)(b) 1-h post 75 g oral glucose load ≥ 10.0 mmol/L (180 mg/dL)(c) 2-h post 75 g oral glucose load 8.5 mmol/L (153 mg/dL) |
| WHO 2018 | Routine | Depending on risk factors, starting at 1st trimester | One step strategy 2-hour 75g OGTT. | One or more of the following:(a) Fasting plasma glucose 5.1–6.9 mmol/L (92−125 mg/dL)(b) 1-h post 75 g oral glucose load ≥ 10.0 mmol/L (180 mg/dL)(c) 2-h post 75 g oral glucose load 8.5–11.0 mmol/L (153−199 mg/dL). |

ADIPS - Australasian Diabetes in Pregnancy Society; RCOG - Royal College of Obstetricians and Gynaecologists ; ADA – American diabetes association ; FIGO - The International Federation of Gynecology and Obstetrics ; SOGC - The Society of Obstetricians and Gynaecologists of Canada; WHO - World Health Organization; POGTT – pregnancy oral glucose tolerance test; HbA1C - hemoglobin A1C; OGTT - oral glucose tolerance test; GDM - gestational diabetes mellitus; GCT – glucose challenge test.