P R E A M B L E

The Australasian Diabetes in Pregnancy Society's (ADIPS) Gestational Diabetes Mellitus Management Guidelines were previously endorsed by the Australian Diabetes Society and the national Diabetes in Pregnancy Advisory Committee of the Commonwealth Diabetes Taskforce. At a recent meeting of the Women's Health Committee of the RANZCOG. The original Guidelines were published in the Medical Journal of Australia in 1998 and following two minor modifications they were recently endorsed by the Council of the RANZCOG. These changes are:

- At the request of the Women's Health Committee of the RANZCOG the statement on the timing of delivery has been modified to recommend that the pregnancy in women with uncomplicated GDM can be continued to **full term**
- The Australian Centre for Diabetes Strategies in their Management of Type II Diabetes Guidelines recommended retesting women with previous GDM every 3 years. ADIPS requested that this be modified to "every 1-2 years for women with normal glucose tolerance and the potential for further pregnancies, and every 3 years if pregnancy is not possible….." and this has since been incorporated into their guidelines. The reason for this is to increase the detection of Type II Diabetes/IGT, so that diabetic control can be maximised before she embarks on a pregnancy.

The rationale for these guidelines is to bring the best **currently** available evidence to the management of women with gestational diabetes. It is likely that a major revision will become necessary when the NIH funded HAPO (**H**yperglycemia and **A**dverse **P**regnancy **O**utcome) study is completed in 2005 as this will establish internationally agreed criteria for the diagnosis of abnormal glucose tolerance in pregnancy. The current most widely used criteria were derived from the likelihood of the future maternal development of diabetes (USA) or a modification of non-pregnant criteria (WHO/ADIPS). In addition the ACHOIS study is nearing completion and this should provide direction for the optimal management of women with GDM.

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