based on the results of Hyperglycemia and Adverse Pregnancy Outcome (HAPO) study. The study was conducted in 2008 and included 25,505 pregnant women who were tested with a 2-hour 75g OGTT and were followed throughout pregnancy. The results showed a linear association between maternal glucose and risk of adverse pregnancy outcomes. IADPSG criteria recommend screening high risk women at their first antenatal visit, visit for pre-existing diabetes and universal screening with a 75 g 2-hour OGTT after 8 hour overnight fasting at 24-28 weeks. GDM is diagnosed if any one of the following cut-off is met: fasting PG ≥ 92 mg/dl or 1-hour PG ≥ 180 mg/dl or 2-hour PG ≥ 153mg/dl. These criteria were endorsed by WHO and many other health associations worldwide and are the most commonly used guidelines for the diagnosis of GDM today (8,9) (Table 1).

The 75-gram two-hour oral GTT seems to be more convenient, better tolerated, and more sensitive for identifying the pregnancy at risk for adverse outcome than the 100-gram three-hour oral GTT. The 75-gram OGTT increased sensitivity could be associated to the fact that only one elevated glucose value is required for a positive test and to its slightly lower cut-offs 10.

However, in 2013, a Eunice Kennedy Shriver National Institute of Child Health and Human Development Consensus Development Conference on diagnosing gestational diabetes recommended that the two-step approach for GDM diagnosis and screening should be preferred granted that there is no evidence that using the one-step approach and the 2-hour OGTT test thresholds would lead to clinically significant improvements in maternal or newborn outcomes, but would rather lead to a significant increase in health care costs. This recommendation is supported by The American College of Obstetricians and Gynecologists 1.

Recent studies have demonstrated the potential value of developing prognostic models to identify patients at risk for GDM in the first trimester of preg-

Table 1: Diagnostic criteria for GDM by various Groups/Organisations

<table>
<thead>
<tr>
<th>Glucose Challenge</th>
<th>WHO/RANZCOG*</th>
<th>ADA 1 step*</th>
<th>ADA 2 steps*</th>
<th>IADPSG*</th>
<th>EASD*</th>
<th>NDDG^</th>
<th>NICE*</th>
<th>ACOG^</th>
<th>Carpenter and Coustan</th>
</tr>
</thead>
<tbody>
<tr>
<td>OGGT</td>
<td>2 hr 75 g</td>
<td>2 hr 75 g</td>
<td>2 hr 75g OGGT</td>
<td>2 hr 75g OGGT</td>
<td>2 hr 75 g OGGT</td>
<td>2 hr 75 g OGGT</td>
<td>3 hr 100g OGGT</td>
<td>2 hr 75 g OGGT</td>
<td>3 hr 100g OGGT</td>
</tr>
<tr>
<td>Fasting</td>
<td>92mg/dl</td>
<td>92mg/dl</td>
<td>95 or 105mg/dl</td>
<td>92mg/dl</td>
<td>93.6mg/dl</td>
<td>105mg/dl</td>
<td>95.4mg/dl</td>
<td>95.4mg/dl</td>
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<tr>
<td>1 hour</td>
<td>180mg/dl</td>
<td>180mg/dl</td>
<td>180 or 190mg/dl</td>
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<td>190mg/dl</td>
<td>180mg/dl</td>
<td>180mg/dl</td>
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<td></td>
</tr>
<tr>
<td>2 hour</td>
<td>153mg/dl</td>
<td>153mg/dl</td>
<td>155 or 165mg/dl</td>
<td>153mg/dl</td>
<td>162 mg/dl</td>
<td>165mg/dl</td>
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</tr>
<tr>
<td>3-hour</td>
<td>140 mg/dl</td>
<td>145mg/dl</td>
<td>140 or 145mg/dl</td>
<td>145mg/dl</td>
<td>145mg/dl</td>
<td>140.5mg/dl</td>
<td>140mg/dl</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*At least one of the following glucose value met or exceeded. ^At least two of the following glucose value met or exceeded