

Testing for Diabetes in Pregnancy

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What is Gestational Diabetes Mellitus (GDM)?

Diabetes is a condition where there is a high level of glucose (sugar) in your blood. Gestational diabetes is a type of diabetes that begins only during pregnancy and impacts around 1 in 10 to 1 in 20 pregnancies.

During pregnancy, your placenta releases hormones that help your baby to grow and develop. These hormones can also interrupt the way insulin works in your body and reduce your body's ability to process sugar the way it normally would. In some cases, this can lead to gestational diabetes.

What increases the chance of developing GDM?

There are some factors that put you at an increased chance of developing GDM. You have a higher chance of developing GDM if you:

- have a family history of type 2 diabetes or a mother/sister who has had gestational diabetes
- are above a healthy weight range, or gain more weight than expected in the first half of your pregnancy
- are over 40 years old
- come from certain ethnic backgrounds
- were diagnosed with gestational diabetes in a previous pregnancy or had a baby with a birth weight > 4.5kg
- have polycystic ovarian syndrome (PCOS) and/or insulin resistance
- are taking some types of antipsychotic or corticosteroid medicines

When should I test for GDM?

People with gestational diabetes will have no symptoms, and without testing can go undetected. Anyone can develop gestational diabetes, which is why testing is recommended for all pregnant people. GDM most commonly occurs in the second half of pregnancy and that is why it is recommended you test for GDM between 24-28 weeks of pregnancy.

However, for people with an increased chance of developing GDM, we recommend that you test earlier in your pregnancy (between 10-14 weeks of pregnancy).

What if GDM is undiagnosed and untreated?

If left undiagnosed and untreated GDM may cause some complications for you and/or your baby.

Possible complications for you may include:

- high blood pressure
- early labour or premature birth
- increased chances of an induction of labour, assisted birth or caesarean birth
- a delay in breastmilk or slower start to breastfeeding

Possible complications for your baby may include:

- a higher birthweight
- requiring breathing support at birth
- low blood glucose soon after birth
- jaundice in the first few days after birth



How do I test for GDM?

To check for gestational diabetes, we recommend that you complete a pregnancy oral glucose tolerance test (POGTT). This test checks your blood glucose levels over about 2 hours and usually needs to be booked at a pathology centre.

Step 1:

First you should call your nearest pathology centre to book the POGTT. It will be a 2–3-hour appointment and is usually first thing in the morning.

Step 2:

You will need to be fasting (not eating) for at least 8-12 hours before the test. This usually means no food or fluid (other than water) overnight and skipping breakfast. You should continue to drink water as normal as this may help to collect the blood test.

Step 3:

When you arrive at the pathology collection centre, you will have your first blood test collected while you are still fasting. This will check your baseline blood glucose level.

Step 4:

You will be given a 75g glucose (sugar) drink and asked to drink it over a maximum of 5 minutes.

After completing the drink, you cannot have anything else to eat or drink until the tests are complete.

Step 5:

You will then have a blood test collected again at 1 hour and 2 hours after finishing the drink. You will be asked to sit and rest between tests.



How will I know if I have GDM?

Once you have completed the POGTT, the results will be sent to your Midwife or Doctor who should review the results with you.

If any of the 3 blood glucose levels are higher than the normal range, you will be diagnosed with Gestational Diabetes.

More information on Gestational Diabetes in pregnancy can be found [here](#).

When should I not test for GDM?

You should not complete the OGTT for GDM if you:

- have existing diabetes
- have a history of bariatric surgery (e.g. gastric sleeve surgery)
- currently have hyperemesis gravidarum and are unable to tolerate the test

In these cases, your Midwife or Doctor will discuss alternative options with you.

