**Single Diagnostic Threshold May Not Be Feasible for Gestational Diabetes**

Diagnostic thresholds should be adapted using local populations.

HealthDay News — Uniform application of gestational diabetes mellitus [diagnostic thresholds](https://www.endocrinologyadvisor.com/home/decision-support-in-medicine/labmed/gestational-diabetes/)may not be appropriate in populations across the world, according to a study published in the July issue of *Diabetes Care*.

H. David McIntyre, M.D., from the University of Queensland in South Brisbane, Australia, and colleagues sought to define the prevalence and pregnancy outcomes related to elevated fasting venous plasma glucose (FVPG; measured at 28 weeks’ gestation) in a Danish pregnancy cohort of 1,516 women without GDM by Danish criteria

The researchers found that with use of the World Health Organization (WHO) 2013 threshold of FVPG ≥5.1 mmol/L, 40.1 percent of the cohort qualified as having GDM despite no evidence of excess fetal growth, hypertension in pregnancy, or cesarean [delivery in women](https://www.endocrinologyadvisor.com/home/topics/pediatric-endocrinology/effects-of-maternal-gestational-diabetes-on-neonatal-hypoglycemia-diet-vs-insulin-treatment/) with FVPG <5.6 mmol/L.

“The WHO 2013 FVPG threshold for GDM is unsuitable for Denmark,” the authors write. “It inappropriately labels as having GDM an unmanageably large number of women who are at low absolute risk of pregnancy complications.”

Several authors disclosed financial ties to the pharmaceutical industry.

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