

Correction

Re the letter “Guidelines for the management of gestational diabetes mellitus revisited”, by David S Simmons, Barry N J Walters, Peter Wein and N Wah Cheung, on behalf of the Australasian Diabetes in Pregnancy Society, published in the 1 April issue (*Med J Aust* 2002; 176: 352), in which the American College of Obstetricians and Gynecologists criterion for diagnosing gestational diabetes mellitus of a 1-hour fasting plasma glucose level of ≥ 10.0 mmol/L was mistakenly placed in the adjacent Australasian Diabetes in Pregnancy Society column. The entire corrected table is reprinted below.

Differences between management guidelines for gestational diabetes mellitus (GDM) from the Australasian Diabetes in Pregnancy Society (ADIPS, 1998) and the American College of Obstetricians and Gynecologists (ACOG, 2001)

	ADIPS	ACOG
Universal versus selective screening by blood test	Universal unless low GDM incidence or resources limited	No recommendation. States that “many physicians elect to screen all pregnant patients as a practical matter”
Differences in definition of low risk for GDM	Age < 30 years, obesity, family history of diabetes	Age < 25 years, body mass index < 25 kg/m ² . No known diabetes in first-degree relative
Oral glucose tolerance test used	75 g, 2-hour, 2-point blood sampling	100 g, 3-hour, 4-point blood sampling
Criteria for diagnosis of GDM	Plasma glucose level: Fasting, ≥ 5.5 mmol/L and/or 2-hour, ≥ 8.0 mmol/L (Australia)	Plasma glucose level: Fasting, ≥ 5.3 mmol/L; 1-hour, ≥ 10.0 mmol/L; 2-hour, ≥ 8.6 mmol/L; 3-hour, ≥ 7.8 mmol/L (2 or more time points need to be elevated)
Insulin therapy commenced after medical-nutrition therapy	Plasma glucose level: Fasting, ≥ 5.5 mmol/L and/or 1-hour postprandial, ≥ 8.0 mmol/L and/or 2-hour postprandial, ≥ 7.0 mmol/L	Plasma glucose level: Fasting, ≥ 5.3 mmol/L and/or 1-hour postprandial, ≥ 7.2 – 7.8 mmol/L and/or 2-hour postprandial, ≥ 6.7 mmol/L