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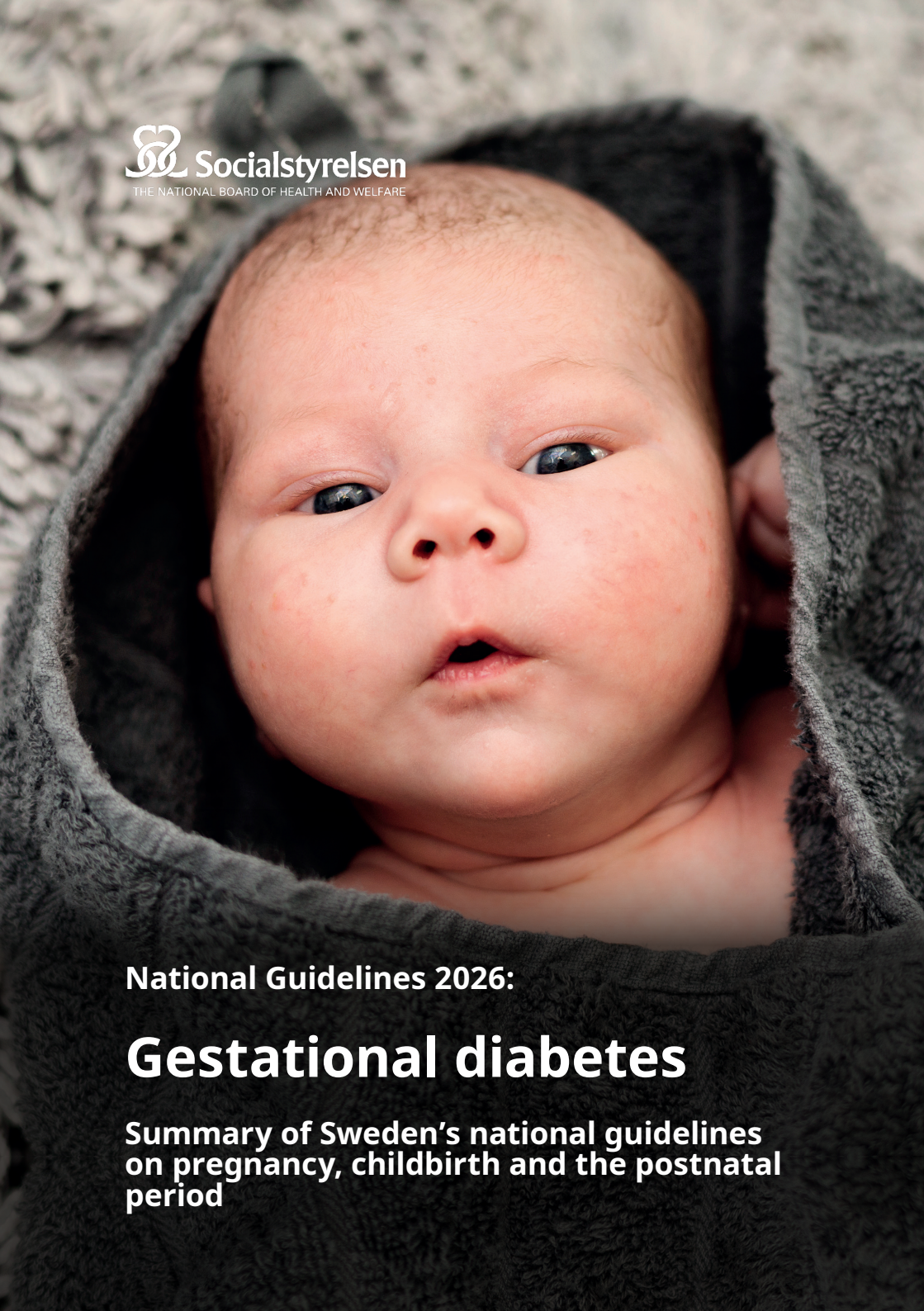
THE NATIONAL BOARD OF HEALTH AND WELFARE



National Guidelines 2026:

Gestational diabetes

Summary of Sweden's national guidelines on pregnancy, childbirth and the postnatal period

Updated guidelines 2026

Gestational diabetes is becoming increasingly common. The trend in Sweden is primarily attributable to the following:

- the national diagnostic thresholds that were introduced in 2015, were lower than those previously applied in different regions
- an increasing number of pregnant women have a high BMI
- an increasing number of pregnant women come from regions of the world where diabetes is particularly common.

Gestational diabetes increases the risk of complications for both the pregnant woman and her child, which is why it is important to treat it. It is a public health issue.

In 2026, the National Board of Health and Welfare updated the national guidelines on pregnancy, childbirth and the postnatal period with recommendations regarding gestational diabetes. This is intended for both decision-makers with overarching responsibility for allocating resources in healthcare and for staff who encounter patients with gestational diabetes. Decision-makers are provided with recommendations of varying priority.

In this document, we summarise the key messages on gestational diabetes from the updated guidelines.

➔ Read the full guidelines on pregnancy, childbirth and the postnatal period on the National Board of Health and Welfare's website, socialstyrelsen.se/forlossningsvard. Practical support for clinical work can be found under the heading For healthcare professionals who work with patients (*För dig som möter patienter*), while guidance on prioritising resources can be found under For decision-makers and managers (*För dig som är beslutsfattare eller chef)*. The guidelines are available in Swedish only.

Updated diagnostic thresholds

Gestational diabetes is defined as elevated blood glucose levels (plasma glucose levels) during pregnancy – not caused by pre-existing diabetes. The National Board of Health and Welfare recommends updated thresholds for making the diagnosis. These are slightly higher than the previously recommended values from 2015, based on new research and improved glucose analysis methods.

Thresholds for the diagnosis of gestational diabetes

The National Board of Health and Welfare recommends that pregnant women who reach any of the following glucose levels should be diagnosed with gestational diabetes:

- fasting: 5.4 mmol/l
- 1 hour after drinking 75 g glucose solution: 10.1 mmol/l
- 2 hours after drinking 75 g glucose solution: 8.6 mmol/l.

All three blood samples are required, and they must be taken during the same screening session.

Please note that these values apply to screening using venous blood samples collected in tubes containing citrate buffer. This is the established method for assessing glucose tolerance and is also recommended by the WHO and other international organisations.

Screen and treat

The National Board of Health and Welfare provides two specific recommendations on gestational diabetes in the national guidelines. In addition, the identification of gestational diabetes is included in our overarching recommendation in the *National Standardised Programme for Pregnancy Monitoring* (Nationellt basprogram för graviditetsövervakning).

Recommendations related to gestational diabetes for maternal health services

Id	For all pregnant women ...	Recommendation	Priority
1	registered in the maternal health services system	Follow the National Standardised Programme for Pregnancy Monitoring. One of the steps in the standardised programme concerns gestational diabetes: In weeks 24–28 of pregnancy: Measure the pregnant woman's plasma glucose levels to detect and treat gestational diabetes.	1
Id	**For pregnant women who ...**	**Recommendation**	**Priority**
18	have been tested and diagnosed with gestational diabetes	Monitor blood glucose levels (plasma glucose levels) and offer treatment to lower them if necessary.	4
19	are at increased risk of gestational diabetes	Offer screening for gestational diabetes before the 20th week of pregnancy (venous blood tests after fasting and after a glucose tolerance test). If diagnosed: Monitor blood glucose levels (plasma glucose levels) and offer treatment to lower them if necessary.	6

Standardised programme: All pregnant women should be tested in weeks 24–28

The National Board of Health and Welfare recommends care as set out in the National Standardised Programme for Pregnancy Monitoring as a top priority – the minimum standard of care for all pregnant women. Care as set out in the Standardised Programme significantly reduces the risks of serious illness and death, and offering it should be considered a matter of course. All regions already work largely in accordance with a standardised programme, which is likely a key reason for the good results in Sweden's antenatal and maternity care. The National Board of Health and Welfare has compiled the working methods to be able to recommend a minimum

standard for which the regions need to secure resources. This will serve as a foundation for further work, for example, in care programmes.

One of the steps in the standardised programme is to identify gestational diabetes by measuring the pregnant woman's plasma glucose. The internationally recommended diagnostic method involves venous blood tests after fasting and following a glucose tolerance test, and it is this method that forms the basis for the National Board of Health and Welfare's updated recommended diagnostic thresholds. This method makes it possible to detect pregnant women with elevated glucose levels (hyperglycaemia) who cannot be identified using simpler screening methods – for example, blood tests taken after fasting alone. It also provides a more comprehensive basis for assessing the risks of pregnancy complications than isolated, unmonitored glucose measurements.

Everyone diagnosed should receive treatment

All pregnant women diagnosed with gestational diabetes should receive treatment to lower their blood glucose levels where necessary. Treatment involves

- **self-monitoring of blood glucose** – regular checks carried out by the patient herself throughout the remainder of the pregnancy
- **lifestyle management** – advice and support on diet and physical activity, tailored to the patient's needs
- **pharmacological treatment where necessary** – insulin or, in some cases, metformin, if lifestyle management is insufficient.

Decision-makers should give this treatment a relatively high priority (priority 4 on a 10-point scale). Gestational diabetes is a serious health condition that is important to treat, and treatment has demonstrated benefits for both the pregnant woman and the baby in the short term. However, the study results are uncertain, which lowers the priority slightly.

Pregnant women at increased risk can be screened earlier

Both research and experience suggest that there are benefits to early screening of pregnant women at increased risk of gestational diabetes, i.e. before the 20th week of pregnancy. This involves venous blood tests taken after fasting and following a glucose tolerance test for pregnant women with one or more of the following risk factors:

- previous gestational diabetes
- previous birth of a large baby
- BMI ≥ 30 kg/m2
- first-degree relative with diabetes, regardless of type
- parent born outside Europe – a simplification that captures the majority of those whose parents come from a region of the world where diabetes is particularly common.

The screening method makes it possible to identify pregnant women with elevated glucose levels at an early stage so that they can receive monitoring and treatment for a greater proportion of their pregnancy. However, the patient group is heterogeneous, and scientific evidence is limited regarding the effectiveness of early versus later screening and treatment. For this reason, this earlier intervention has a lower priority (6) than offering treatment upon diagnosis which is, usually in weeks 24–28 of pregnancy. It is a matter of resources.

The recommendations are expected to deliver health benefits but increase costs

The recommendations on the screening and treatment of gestational diabetes in line with the updated thresholds are expected to deliver health benefits for both pregnant women and their children – particularly if the pregnant women receive regular follow-up care after giving birth. This is also a public health strategy issue for the regions, involving more services than just antenatal care. How can the regions best work with the population to identify young adults before they develop lifestyle-related diseases? Pregnant women are often motivated to change their lifestyle habits, which can prevent diseases such as type 2 diabetes and cardiovascular disease.

At the same time, the recommendations are expected to increase healthcare costs, as most regions will identify more cases of gestational diabetes. Currently, procedures regarding thresholds and screening vary between regions. Decision-makers need to review the conditions and ensure a functioning care pathway.

➔ **Read more** in the appendix In-depth impact assessment (*Fördjupad konsekvensanalys* – available in Swedish only) on the National Board of Health and Welfare's website.

About the National Board of Health and Welfare's national guidelines

The National Board of Health and Welfare develops national guidelines in various areas of healthcare, dental care and social services in Sweden. These apply at a group level and are not exhaustive – we develop them when there is a significant need for guidance. The guidelines are based on evidence-based practice. The National Board of Health and Welfare leads the work, but many professional representatives and other experts are involved at every stage. Sweden's regions are responsible for implementing the guidelines.

Do you have any questions?

Please contact us if you have any questions about the recommendations on gestational diabetes or about the National Board of Health and Welfare's work in drawing up national guidelines:

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