



Glucose Tolerance Reference Ranges Recommended by the American Diabetes Association (ADA)

Table I: GTT Reference Ranges for Non-Pregnant Patients (non-OB)¹

Test	Mnemonic	GTTB	Time	Glucose Reference Range (mg/dL)	Interpretation
Oral Glucose Tolerance	2HR GLU*	75 g	Fasting	<100	Non diabetic
				100-125	Impaired Fasting Glucose (IFG)
				≥126	Diabetic (must be confirmed)
			2 hours post GTTB	<140	Non-diabetic
				140-199	Impaired Glucose Tolerance (IGT)
				≥200	Diabetic (must be confirmed)

*The 2HR GLU is primarily used for non-OB patients. However, it can be used for high risk OB patients at their initial visit. Do not confuse the 2HR GLU with the GTT OB2HR. GTT OB2HR should be used for diagnosing Gestational Diabetes in OB patients at 24-28 weeks gestation.

NOTE: Glucose post-prandial (GLU PP) and GTT Miscellaneous (GTT MISC) are no longer recommended by the ADA. Reference ranges are not available.

Table II: GTT Reference Ranges for Pregnant Patients (OB)¹

Test	Mnemonic	GTTB	Time	Glucose Reference Range (mg/dL)	Interpretation
One-Step Strategy: Perform on pregnant women not previously diagnosed with overt diabetes and gestation is 24-28 weeks.					
GTT OB 2-Hour	GTT OB2HR	75 g	Fasting	≥ 92	Following the 75-gram diagnostic test, gestational diabetes is diagnosed when any <u>one</u> of the values to the left are met or exceeded.
			1 hour post GTTB	≥ 180	
			2 hours post GTTB	≥ 153	
Two-Step Strategy: Perform on pregnant women not previously diagnosed with overt diabetes and gestation is 24-28 weeks.					
Step 1: OB Screen	GLU SCREEN	50 g	1 hour post GTTB	>139 **	If the plasma glucose level is >139 mg/dL, proceed to a 100 g OGTT.
Step 2: OB Glucose Tolerance	GTT OB	100 g	Fasting	≥95	Following the 100-gram diagnostic test, gestational diabetes is diagnosed when any <u>two</u> of the values to the left are met or exceeded.
			1 hour post GTTB	≥180	
			2 hours post GTTB	≥155	
			2 hours post GTTB	≥140	

**The ACOG recommends a lower threshold of 135 mg/dL in high risk ethnic population with a higher prevalence of GDM; some experts also recommend 130 mg/dL.

Reference:

1. ADA Guidelines, Diabetes Care 39 (Supplement 1), January 2016.