The patients in this study had a high vaginal delivery rate with low neonatal morbidity despite very low platelet counts in some mothers and babies.

Results The numbers of women diagnosed with GDM were 327, 454 and 528 using WHO, WHO/ADA and IADPSG criteria respectively. This shows IADPSG criteria would lead to a 16.3% increase in our number of GDM cases equating to 25 extra cases/year. Had we been reliant on just WHO criteria, adopting IADPSG criteria would lead to a 61.4% increase, equating to 67 extra cases/year.

Conclusions UK units offering a 2 point WHO GTT should expect a > 60% increase in GDM numbers with IADPSG implementation. On the contrary, units already offering a 3 point WHO/ADA hybrid should anticipate a less drastic 16% increase.