

U.S. Preventive Services Task Force Issues Draft Recommendation Statement: Screening for Gestational Diabetes Mellitus

WASHINGTON, D.C. – May 28, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted its final evidence reports and draft recommendation statement on screening women for diabetes developed during pregnancy, or gestational diabetes. The Task Force is providing an opportunity for public comment on this draft recommendation statement until June 24. All public comments will be considered as the Task Force develops its final recommendation.

The recommendation statement has two parts:

- The Task Force recommends screening for gestational diabetes after 24 weeks of pregnancy in all women without symptoms of the condition. This is a B recommendation.
- The Task Force also found that the current evidence is insufficient to assess the balance of benefits and harms of screening for gestational diabetes earlier than 24 weeks of pregnancy. Therefore, the Task Force issued an I statement.

“It’s important to remember that each case of gestational diabetes affects two people: the expectant mother and the baby,” says Task Force member Wanda K. Nicholson, M.D., M.P.H., M.B.A. “We now have good evidence that screening expectant mothers for gestational diabetes after 24 weeks provides a substantial benefit, with few to no harms, leading to healthier moms and babies.”

Gestational diabetes is the persistent inability to process starches or sugars into energy in women who did not have diabetes before pregnancy. Some women develop diabetes during pregnancy, even if they didn’t have it before pregnancy. It usually resolves after birth, but can put expectant mothers and their babies at risk for health problems.

Health problems for pregnant women with gestational diabetes include labor and birth complications, preeclampsia (a condition in pregnant women characterized by high blood pressure and high levels of protein in the urine that, if left untreated, may result in life-threatening seizures), and increased likelihood of developing diabetes later in life. Infants and children may suffer overly large birth weight, birth injuries, glucose intolerance, and obesity in childhood. About 240,000 of the approximately 4 million women who give birth each year, or about 7 percent, develop gestational diabetes. The condition is on the rise, as obesity, older age during pregnancy, and other risk factors become more common among pregnant women.

Since 2008, when the Task Force last looked at the evidence on screening pregnant women for diabetes, data emerged showing that there’s an overall benefit to screening expectant mothers, including lowering the risk of preeclampsia, giving birth to overly large babies (macrosomia), and birth emergencies caused by large infants becoming stuck in the birth canal (shoulder dystocia). While there isn’t enough evidence to support screening for gestational diabetes earlier than 24 weeks of pregnancy, future research may yield greater clarity on how to better diagnose and manage diabetes early in pregnancy.

“It’s always better to prevent a disease than to be diagnosed with one,” Nicholson says. “Women should have a conversation with their doctor before getting pregnant or in the early stages of pregnancy about steps they can take—such as improving their diet, being physically active, or other strategies—to reduce their risk of developing gestational diabetes.”

The Task Force’s draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from May 28 to June 24 at www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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