

Screening for Gestational Diabetes

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation statement on *Screening for Gestational Diabetes*.

This final recommendation statement applies to pregnant women who have not already been diagnosed with diabetes.

The recommendation statement summarizes what the Task Force learned about the potential benefits

and harms of screening for gestational diabetes: (1) All women should be screened after 24 weeks of pregnancy. (2) There is not enough evidence to judge the benefits and harms of screening women before 24 weeks of pregnancy.

This fact sheet explains these recommendations and what they might mean for you.

What is gestational diabetes?

This condition is diabetes that begins during pregnancy. Diabetes is a disease in which the body does not make enough insulin (a hormone) or use it correctly. When this happens, the body can't turn starches or sugars from foods and beverages into the energy it needs to function. As a result, blood sugar levels become too high and this can cause many health problems.

Facts About Gestational Diabetes

About 240,000 of the 4 million women who give birth every year in the United States develop diabetes during their pregnancy. This condition has become more common over the past 20 years because a growing number of pregnant women have risk factors for it, such as being overweight or obese or having a family history of diabetes.

Gestational diabetes usually goes away after the baby is born, but it can put the pregnant woman and her baby at risk for serious health problems:

- **Pregnant women** have a greater chance of complications during pregnancy, labor, and delivery, including a higher risk for preeclampsia. Preeclampsia is a condition defined by high blood pressure and high levels of protein in the urine. If left untreated, it may result in life-threatening seizures. Women with gestational diabetes also have an increased chance of developing diabetes later in life.
- **Babies** can grow bigger than usual, which can cause problems during delivery. Babies also can be born with low blood sugar and they have an increased risk of becoming obese in childhood.

Screening for Gestational Diabetes

Most pregnant women in the United States are screened for gestational diabetes between 24 and 28 weeks of pregnancy. The timing of the screening is based on risk factors and the recommendation of a doctor or midwife.

The most common screening test for gestational diabetes is an oral glucose tolerance test, in which the woman drinks a sugar solution. Her blood is then tested to see how well her body processes the sugar.

Potential Benefits and Harms of Screening for Gestational Diabetes

The goal of screening for gestational diabetes is to identify women who have the condition so that they can be treated. Treatment consists of diet and physical activity changes to keep blood sugar levels under control, education and counseling, and blood sugar monitoring. If these treatments do not control a woman's blood sugar levels, she may need to take insulin or other medicine. She also may need closer medical observation during her pregnancy and may need to change her plan for delivering the baby.

The Task Force reviewed studies on the potential benefits and harms of screening women for gestational diabetes. The Task Force found that screening all women at 24 to 28 weeks of pregnancy does identify women who have gestational diabetes and that treatment can significantly reduce the risk of health problems for these women and their babies.

The Task Force did not find enough evidence to say whether all women should be screened before 24 weeks of pregnancy. However, health care professionals may choose early screening for women who are at high risk for developing gestational diabetes.

The Task Force found that screening for gestational diabetes may cause anxiety in some women and may lead to some unnecessary tests and services, but these potential harms are small.

The Final Recommendations on Screening Women for Gestational Diabetes: What Do They Mean?

Here are the Task Force's final recommendations on screening for gestational diabetes. The grades are based on the quality and strength of the evidence about the potential benefits and harms of the screening. They also are based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**Grade B**), it is because it has more potential benefits than potential harms. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the full **final recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. Two evidence reports, one on **screening** and one on **treatment**, provide more detail about the studies the Task Force reviewed.

1 The Task Force recommends *screening* for *gestational diabetes mellitus* (GDM) in *asymptomatic* pregnant women after 24 weeks of *gestation*. **Grade B**

2 The Task Force concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of screening for GDM before 24 weeks of gestation. **I Statement**

Notes

- 1 screening**
A test in which a pregnant woman drinks a sugar solution and then has her blood tested to see how well her body processes the sugar.
- gestational diabetes...*
Diabetes that begins during pregnancy.
- asymptomatic*
Showing no signs or symptoms.
- gestation*
Pregnancy.
- 2 current evidence...**
The Task Force did not find enough information on screening in this population to determine potential benefits and harms.

Getting Screened for Gestational Diabetes

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medications to get and when to get them. Many people don't get the tests, counseling, or medications they need. Others get tests, counseling, or medications they don't need or that may be harmful to them.

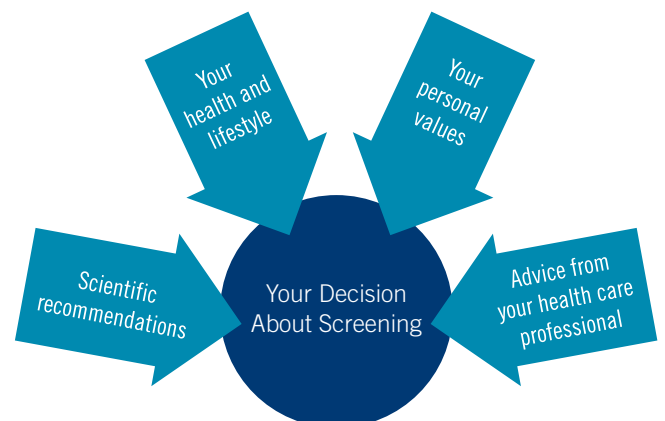
Task Force recommendations can help you learn about screening tests, counseling services, and preventive medications. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease.

Task Force recommendations also apply to some groups of people, but not others. For example, this recommendation applies only to pregnant women who have not already been diagnosed with diabetes.

Talking to your doctor about a healthy pregnancy and screening for gestational diabetes.

You can do many things to make sure you are healthy when you become pregnant and that you stay healthy during pregnancy. Don't smoke. Eat a healthy diet and stay at a healthy weight. Be physically active. Manage any chronic conditions.

Your health care professional will likely want to screen you for gestational diabetes after 24 weeks. Talk with him or her about your risk factors for gestational diabetes and why screening is a good idea. Be comfortable that all your questions have been answered. And consider scientific recommendations, like this one from the Task Force. Use this information to become fully informed about gestational diabetes screening.







What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the [final recommendation statement](#). To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Preventing Gestational Diabetes

-  [Gestational Diabetes \(healthfinder.gov\)](#)
-  [Diabetes and Pregnancy: Gestational Diabetes \(Centers for Disease Control and Prevention\)](#)
-  [Gestational Diabetes \(MedlinePlus\)](#)
-  [Glucose Tolerance Test \(MedlinePlus\)](#)