

## Screening for Gestational Diabetes Mellitus: Clinical Summary of U.S. Preventive Task Force Recommendation

Population	Pregnant Women Who Have Not Previously Been Diagnosed With Diabetes	
Recommendation	No Recommendation due to insufficient evidence*	
	Grade: I	
Risk Assessment	Women at increased risk of developing gestational diabetes mellitus (GDM) include those who:  are obese  are older than 25 years  have a family history of diabetes  have a history of previous GDM  are of certain ethnic groups (Hispanic, American Indian, Asian, or African-American)	
Rationale for No Recommendation	The current evidence is insufficient to assess the balance between the benefits and harms of screening women for GDM either before or after 24 weeks gestation.  Harms of screening include short-term anxiety in some women with positive screening results, and inconvenience to many women and medical practices because most positive screening tests are likely false-positives.	
Suggestions for Practice	Until there is better evidence, clinicians should discuss screening for GDM with their patients and make case-by-case decisions. The discussion should include information about the uncertain benefits and harms as well as the frequency and uncertain meaning of a positive screening test result.	
Screening Tests	If a decision is made to screen for GDM:  The screening test most commonly used in the United States is an initial 50-gram 1-hour glucose challenge test (GCT).  If the result on the GCT is abnormal,, the patient undergoes a 100-gram 3-hour oral glucose tolerance test (OGTT).  Two or more abnormal values on the OGTT are considered a diagnosis of GDM.	
Screening Intervals	Most screening is conducted between 24 and 28 weeks gestation. There is little evidence about the value of earlier screening.	
Other Approaches to Prevention	Nearly all pregnant women should be encouraged to:  achieve moderate weight gain based on their pre-pregnancy body mass index participate in physical activity	

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement (including a summary of research gaps), and supporting documents please go to <a href="http://www.preventiveservices.ahrq.gov">http://www.preventiveservices.ahrq.gov</a>.

*The current evidence is insufficient to establish the balance of benefits and harms for screening for gestational diabetes mellitus, either before or after 24 weeks gestation.			