

Task Force Issues Draft Recommendation Statement on Screening for Gestational Diabetes

Providers should screen all pregnant people at or after 24 weeks of pregnancy

WASHINGTON, D.C. – February 16, 2021 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for gestational diabetes. The Task Force recommends providers screen their pregnant patients for gestational diabetes at or after 24 weeks of pregnancy. **This is a B recommendation.** There is not enough evidence to make a recommendation for or against screening for gestational diabetes in pregnant people before 24 weeks of pregnancy. **This is an I statement.**

Grades in this recommendation:

B: Recommended.

I: The balance of benefits and harms cannot be determined.

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This draft recommendation applies to pregnant people who have not been previously diagnosed with type 1 or type 2 diabetes and who do not have signs or symptoms of gestational diabetes.

During pregnancy, certain hormones can block insulin, the hormone that helps the body use sugar to become energy. This can lead to high blood sugar and, in some cases, the development of gestational diabetes. Screening for gestational diabetes includes drinking a sugary solution and having blood draws to measure how well the body processes sugar. Screening can be done during a regular prenatal visit.

“Gestational diabetes can cause serious health problems for pregnant people and their babies,” says Task Force member Chien-Wen Tseng, M.D., M.P.H., M.S.E. “Fortunately, screening for gestational diabetes at or after 24 weeks is simple, safe, and effective, and can help to keep pregnant people and their babies healthy.”

Screening is important so that those found to have gestational diabetes can be treated through lifestyle changes or medicine. Treatment can reduce the risk of babies born with a high birth weight, C-sections, birth injuries, and admission to the intensive care unit. However, more research is needed on the benefits and harms of screening and treatment before 24 weeks of pregnancy.

“Gestational diabetes is increasing as obesity, older age during pregnancy, and other risk factors become more common among pregnant people,” says Task Force member Michael Cabana, M.D., M.A., M.P.H. “More research is needed on the accuracy and effectiveness of screening for gestational diabetes before 24 weeks and whether earlier screening could be beneficial for some pregnant people with risk factors.”

In the absence of this evidence, providers should use their clinical judgment to determine what is appropriate for individual patients, given their health needs.

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 16, 2021, to March 15, 2021, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

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.

Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, a professor, and the research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine. She is also a physician investigator with the nonprofit Pacific Health Research and Education Institute.

Dr. Cabana is a professor of pediatrics and the chair of the Department of Pediatrics at the Albert Einstein College of Medicine. He is also physician-in-chief at the Children's Hospital at Montefiore.

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