

Task Force Issues Final Recommendation Statement on Screening for Gestational Diabetes

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

WASHINGTON, D.C. – August 10, 2021 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for gestational diabetes. The Task Force recommends clinicians 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 final 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, which 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.

“Clinicians can help pregnant people and their babies stay healthy by screening for gestational diabetes at or after 24 weeks of pregnancy,” says Task Force member Chien-Wen Tseng, M.D., M.P.H., M.S.E. “Screening is safe and can accurately identify gestational diabetes so that it can be treated to help reduce the likelihood of large babies, trauma during birth, cesarean sections, and other serious health problems.”

Gestational diabetes is increasing as obesity, older age during pregnancy, and other risk factors become more common among pregnant people. Screening is important so that those found to have gestational diabetes can receive treatment 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.

The Task Force also examined the evidence for screening persons earlier in pregnancy; however, more research is needed on the benefits and harms of screening and treatment before 24 weeks of pregnancy.

“While we know certain risk factors can increase a pregnant person’s chance of developing gestational diabetes, there is limited evidence on the effectiveness of screening before 24 weeks,” says Task Force member Michael Cabana, M.D., M.A., M.P.H. “The Task Force is calling for more research to determine whether earlier screening could be beneficial for some pregnant people.”

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

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force

website at www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from February 16, 2021, to March 15, 2021.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide 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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