

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for gestational diabetes mellitus. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 16, 2021, to March 15, 2021. The Task Force welcomes your comments.

Screening for Gestational Diabetes Mellitus

The Task Force issued a **draft recommendation statement** on *Screening for Gestational Diabetes Mellitus*.

The Task Force recommends that healthcare providers screen pregnant people for gestational diabetes at or after 24 weeks of pregnancy. The Task Force determined that

there is not enough evidence to recommend for or against screening for gestational diabetes before 24 weeks.

This draft recommendation applies to all 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.

What is gestational diabetes mellitus?

Gestational diabetes is a form of high blood sugar that affects pregnant people. During pregnancy, certain hormones can block insulin, the hormone that helps the body use sugar to become energy. This increases the level of sugar in the blood and, in some cases, leads to the development of gestational diabetes.

Facts About Gestational Diabetes Mellitus

Gestational diabetes can cause serious health problems for pregnant people and their babies. These include an increased risk of developing type 2 diabetes after pregnancy, and babies born with a high birth weight or birth injuries.

There are several factors that increase a person's risk for developing gestational diabetes including being overweight or obese, older age during pregnancy, and prior pregnancies with or family history of gestational diabetes. Certain groups are also at increased risk, including the Hispanic, Asian, and Native American communities.

Screening and Treatment for Gestational Diabetes Mellitus

Screening for gestational diabetes usually happens between 24 and 28 weeks of pregnancy. Screening involves a test in which a pregnant person drinks a sugar solution and then has her blood tested to see how the body processes the sugar. There are different methods of testing, but in the United States, a two-step approach is most often used. It includes an initial, shorter test for all pregnant people followed by a longer second test for those who have high sugar levels on the initial test. During the second test, sugar levels are measured several times after taking the sugar drink.

For those diagnosed with gestational diabetes, treatment consists of lifestyle changes including physical activity, diet modifications, education and support, and blood sugar monitoring. If lifestyle changes do not control blood sugar levels, clinicians may prescribe medicine.

Potential Benefits and Harms of Screening and Treatment for Gestational Diabetes Mellitus

The Task Force found screening for gestational diabetes at or after 24 weeks is safe, effective, and can help keep pregnant people and their babies healthy. Treatment can reduce the risk of babies born with a high birth weight, cesarean deliveries (C-sections), birth injuries, and admission to the intensive care unit (ICU).

Screening and treatment of gestational diabetes are unlikely to cause harms. Potential harms could include anxiety, stress, or unnecessary medical interventions.

More research is needed on the accuracy and effectiveness of screening for gestational diabetes before 24 weeks and whether earlier screening could help some pregnant people.

The Draft Recommendation on Screening for Gestational Diabetes Mellitus: What Does It Mean?

Here is the Task Force's draft recommendation on screening for gestational diabetes mellitus. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also 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 issues a **B Grade**, it recommends screening because it has more potential benefits than potential harms. An **I Statement** means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

Notes

- 1 The USPSTF recommends *screening for gestational diabetes mellitus* (GDM) in *asymptomatic* pregnant persons at 24 *weeks of gestation* or after.
(B Grade)
- 2 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant persons before 24 weeks of gestation.
(I Statement)

- 1 *screening*
A test in which a pregnant person drinks a sugar solution and then has her blood tested to see how the body processes the sugar.
- gestational diabetes mellitus*
A form of high blood sugar that affects pregnant people.
- asymptomatic*
Pregnant people without signs or symptoms.
- weeks of gestation*
How many weeks pregnant a person is.
- 2 *current evidence is insufficient*
There is not enough evidence to make a recommendation.





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

The Task Force is an independent, non-federal, volunteer 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, and 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 website](#).

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 Gestational Diabetes Mellitus

-  **Gestational Diabetes Screening: Questions for the doctor**
(MyHealthfinder)
-  **Gestational Diabetes**
(MedlinePlus)
-  **Gestational Diabetes and Pregnancy**
(Centers for Disease Control and Prevention)
-  **Gestational Diabetes**
(National Institutes of Health)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between February 16, 2021 and March 15, 2021.



All comments will be considered for use in writing final recommendations.