



**SCREENING FOR GESTATIONAL DIABETES MELLITUS  
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

<b>Population</b>	Asymptomatic pregnant women after 24 weeks of gestation	Asymptomatic pregnant women before 24 weeks of gestation
<b>Recommendation</b>	<b>Screen for gestational diabetes mellitus (GDM). Grade: B</b>	<b>No recommendation. Grade: I statement</b>

<b>Risk Assessment</b>	Risk factors that increase a woman's risk for developing GDM include obesity, increased maternal age, history of GDM, family history of diabetes, and belonging to an ethnic group with increased risk for type 2 diabetes mellitus (Hispanic, Native American, South or East Asian, African American, or Pacific Islands descent).	
<b>Screening Tests</b>	<p>There are 2 strategies used to screen for gestational diabetes in the United States. In the 2-step approach, the 50-g oral glucose challenge test is administered between 24 and 28 weeks of gestation in a nonfasting state. If the screening threshold is met or exceeded (7.22 mmol/L [130 mg/dL], 7.50 mmol/L [135 mg/dL], or 7.77 mmol/L [140 mg/dL]), patients receive the oral glucose tolerance test. A diagnosis of GDM is made when 2 or more glucose levels meet or exceed the specified glucose thresholds. In the 1-step approach, a 75-g glucose load is administered after fasting and plasma glucose levels are evaluated after 1 and 2 hours. GDM is diagnosed if 1 glucose value falls at or above the specified glucose threshold.</p> <p>Other methods of screening include fasting plasma glucose and screening based on risk factors. However, there is limited evidence about these alternative screening approaches.</p>	
<b>Treatment</b>	Initial treatment includes moderate physical activity, dietary changes, support from diabetes educators and nutritionists, and glucose monitoring. If the patient's glucose is not controlled after these initial interventions, she may be prescribed medication (either insulin or oral hypoglycemic agents), have increased surveillance in prenatal care, and have changes in delivery management.	
<b>Balance of Benefits and Harms</b>	There is a moderate net benefit to screening for GDM after 24 weeks of gestation to reduce maternal and fetal complications.	The evidence for screening for GDM before 24 weeks of gestation is insufficient, and the balance of benefits and harms of screening cannot be determined.
<b>Other Relevant USPSTF Recommendations</b>	The USPSTF has made recommendations on screening for type 2 diabetes mellitus. These recommendations are available at <a href="http://www.uspreventiveservicestaskforce.org/">http://www.uspreventiveservicestaskforce.org/</a> .	

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.