

Clinician Summary

Diabetes Screening in Pregnancy



What does the WPSI recommend?

Screening pregnant women for gestational diabetes mellitus (GDM) after 24 weeks of gestation (preferably between 24 and 28 weeks) to prevent adverse birth outcomes.

The WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation—ideally at the first prenatal visit.

What are the risk factors to identify those at increased risk of diabetes in pregnancy?

Risk factors include overweight or obese body mass index (BMI), previous GDM, family history of first- or second-degree relatives with type 2 diabetes, maternal age of 35 years or older, previous delivery of an infant weighing 4,000 g or more, polycystic ovarian syndrome, or identifying with a racial or ethnic group with increased risk for type 2 diabetes (American Indian/Alaska Native, Asian American [at lower BMI], Black, Hispanic/Latino, Native Hawaiian/Pacific Islander).



Ages and frequency

All pregnant women after 24 weeks' gestation. Pregnant women with risk factors at the first prenatal visit.

What should be considered when implementing this recommendation?

The WPSI recommends screening pregnant women for GDM after 24 weeks of gestation with either the 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) or a 2-hour 75-g oral glucose tolerance test.

The optimal test for screening before 24 weeks of gestation is not known. However, acceptable modalities may include a 50-g oral glucose challenge test, a 2-hour 75-g oral glucose tolerance test, a hemoglobin A1C test, or a fasting plasma glucose test. If early screening is normal, screening with an oral glucose challenge test should be conducted at 24–28 weeks of gestation as described above.

What kind of research would strengthen the current evidence base for this recommendation?

- Trials to evaluate the effectiveness and harms of screening for diabetes in pregnancy on maternal and infant health outcomes comparing universal screening after 24 weeks of gestation alone (ie, usual care) versus selective early screening for pregnant individuals with risk factors combined with universal screening after 24 weeks of gestation.
- Studies to identify long-term maternal outcomes related to diabetes screening in pregnancy, including, but not limited to, cardiovascular disease and quality of life.
- Studies to assess the accuracy of tests for diabetes screening before 24 weeks of gestation.
- Research to determine optimal treatment and management approaches to diabetes in pregnancy detected with selective early screening and universal screening after 24 weeks of gestation (eg, continuous glucose monitoring versus periodic sticks).

How do clinicians practice screening for diabetes in pregnancy?

You can **[watch this testimonial](#)** from WPSI's "How I Practice" series, where Cassandra Henderson, MD, MSc, CDCES, describes how she implements this recommendation in her clinical practice.

What WPSI resources are available?

- [Well-Woman Chart](#)
- [Clinical Summary Tables](#)
- [Coding Guide](#)
- [Patient Education Materials](#)

Relevant references

- [Screening for gestational diabetes: U.S. Preventive Services Task Force recommendation statement. \(Aug 2021\)](#)
- [WPSI's Evidence Review – Screening for Diabetes in Pregnancy. \(Dec 2022\)](#)



The **Women's Preventive Services Initiative (WPSI)** is a coalition of national health professional organizations and patient advocates with expertise in women's health tasked with developing, reviewing and updating recommendations for the Women's Preventive Services Guidelines.

Read the full recommendation, including implementation considerations, research recommendations, and the full evidence summary at www.womenspreventivehealth.org/recommendations/diabetes-in-pregnancy/