Screening and diagnosing gestational diabetes mellitus


Citation

Authors' objectives
1. Identify properties of screening tests for GDM. 2. Evaluate benefits and harms of screening for GDM. 3. Assess the effects of different screening and diagnostic thresholds on outcomes for mothers and their offspring. 4. Determine the benefits and harms of treatment for a diagnosis of GDM.

Authors' conclusions
While evidence supports a positive association with increasing plasma glucose on a 75 g or 100 g oral glucose tolerance test and macrosomia and primary cesarean section, clear thresholds for increased risk were not found. The 50 g oral glucose challenge test has high NPV but variable PPV. Treatment of GDM results in less preeclampsia and macrosomia. Current evidence does not show that treatment of GDM has an effect on neonatal hypoglycemia or future poor metabolic outcomes. There is little evidence of short-term harm from treating GDM other than an increased demand for services. Research is needed on the long-term metabolic outcome for offspring as a result of GDM and its treatment, and the "real world" effects of GDM treatment on use of care.

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