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Researchers Examine the Best Time to Screen Obese Pregnant Women for Gestational Diabetes

Las Vegas, Nevada, February 11, 2018 – According to the Centers for Disease Control and Prevention (CDC), gestational diabetes affects an estimated 2 – 10% of pregnancies in the United States. If left untreated, gestational diabetes (GDM) can lead to pregnancy complications, including preterm birth, caesarean delivery and more.

The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be screened for GDM. According to ACOG, routine screening for GDM should take place at 24 to 28 weeks gestation with earlier screening (at the initial prenatal visit) in women with certain risk factors, including obesity. To date, however, there have been no randomized control trials (RTC) that demonstrate early screening in obese women results in improved birth outcomes.

In a study to be presented on February 14, 2019, at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting™, researchers will unveil findings that suggest [early screening for gestational diabetes in obese women](#) does not lead to better birth outcomes as compared to screening done at the routine period. The research was funded by the *Eunice Kennedy Shiver* National Institute of Child Health and Human Development.

In the study, 959 obese pregnant women were randomized to two groups. The first group was screened between 14 – 20 weeks. The second group was screened at 24 – 28 weeks. A variety of birth outcomes were examined, including the rate of cesarean delivery, shoulder dystocia, hypertension, macrosomia, neonatal hypoglycemia, neonatal hyperbilirubinemia and more.

“The only notable difference between women in the early screening group and those in the routine screening group was an increase in the use of insulin in the early screening group,” said Lorie M. Harper, MD, MSCI, lead author of the abstract and associate professor at the University of Alabama at Birmingham. While there are no significant harms associated with insulin use in pregnancy, it can be painful to inject and costly.

“Our study results suggest that early screening in obese women is not beneficial,” said Harper. “Since this was the first of its kind, additional studies are needed to assess early screening in a large, diverse population and the best screening thresholds to use early in pregnancy.”

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About SMFM

The Society for Maternal-Fetal Medicine (est. 1977) is a non-profit membership organization representing the interests of obstetricians/gynecologists who have additional formal education in maternal-fetal medicine. The Society is devoted to reducing high-risk pregnancy complications by providing continuing education to its more than 2,000 members on the latest pregnancy assessment and treatment methods. It also serves as an advocate for improving public policy and expanding research

funding and opportunities for maternal-fetal medicine. SMFM hosts an annual scientific meeting in which new ideas and research in the area of maternal-fetal medicine are unveiled and discussed. For more information, visit www.smfm.org.