# US Preventive Services Task Force (USPSTF)

# Gestational Diabetes Mellitus: Screening

# Status: In June of this year, the USPSTF issued a [final research plan](https://www.uspreventiveservicestaskforce.org/Page/Document/final-research-plan/gestational-diabetes-mellitus-screening1) to update the recommendation for “Gestational Diabetes Mellitus: Screening.” Staff of the Agency for Healthcare Research and Quality (AHRQ) and its designated Evidence-based Practice Centers are currently undertaking the literature review as directed by the plan.

# Draft Research Plan: The draft research plan was available for comment from February 28 until March 27, 2019. Comments on the research plan are not made public. Simon&Co was only able to find [comments from one group](https://www.endocrine.org/-/media/endosociety/files/advocacy-and-outreach/society-letters/2019/march-2019/03272019-daa-comments-uspstf-gdm-draft-research-plan.pdf?la=en) posted on the Internet. The Diabetes Advocacy Alliance[[1]](#footnote-1) (DAA) was “pleased to see questions examining comparative effectiveness of different screening strategies, as well as questions exploring the harms and benefits of screening.”

# Final Research Plan: In 2014, the USPSTF [recommended](https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/gestational-diabetes-mellitus-screening) screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation, giving it a B grade.[[2]](#footnote-2) They found insufficient evidence to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation. That literature review found a number of gaps in the research, including the need to “directly evaluate screening for GDM and maternal and infant health outcomes.”

# The current research plan will evaluate literature released since the last review that address the screening topics such as the impact and comparative effectiveness of screening on health outcomes and the potential harms of screening. The research plan also seeks evidence by researchers on the impact, effectiveness and harms of treatment on the mother, the fetus or neonate.

# In response to comments on the draft plan, the task force added the differing impacts on population subgroups such as those with previous GDM diagnosis, a family history of type 2 diabetes mellitus, and race/ethnicity subgroups. The USPSTF also decided to “no longer exclude studies of populations with more than 20% pre-existing diabetes mellitus, recognizing that screening studies for GDM will ultimately include some women with unrecognized diabetes mellitus.”

# The USPSTF will also review evidence on accuracy of commonly used screening tests and how the accuracy might vary according to maternal subgroups (ie timing during pregnancy, body mass index, race/ethnicity, etc).

# Low-income, minority women have high rates of diabetes mellitus which greatly impacts the Medicaid program that provides health insurance for low-income individuals. Nearly 50% of births nationwide are Medicaid reimbursed. Thus, the GDM screening recommendation impacts state Medicaid program costs and coverage of screening services.

# Impact of the Final Research Plan on Dexcom: If there is supporting evidence, the Final Research Plan has the potential to better define the maternal characteristics that would support with “high certainty” that GDM screening would be beneficial. This could move the USPSTF recommendation from a B to an A grade[[3]](#footnote-3), thereby increasing the number of women screened for GDM. Further, eliminating the exclusion of studies that include populations with more than 20% pre-existing diabetes mellitus will improve the compatibility of the data sets being reviewed by the USPSTF in a meta-analysis, broadening the supporting evidence.

1. The Diabetes Advocacy Alliance™ (DAA) is a coalition of 24 members, representing patient, professional and trade associations, other nonprofit organizations, and corporations. Three members of the DAA serve as co-chairs: American Diabetes Association; Pediatric Endocrine Society; and Novo Nordisk Inc. https://www.diabetesadvocacyalliance.org/index.html [↑](#footnote-ref-1)
2. A “B grade” means “The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. Offer or provide this service.” [↑](#footnote-ref-2)
3. An “A grade” means: “The USPSTF recommends the service. There is high certainty that the net benefit is substantial. Offer or provide this service.” [↑](#footnote-ref-3)