

Gestational Diabetes

15 Is it Time to Change the Guidelines to Screen for Diabetes Mellitus During the First Trimester?

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Background: Screening for gestational diabetes mellitus (DM) is generally done at ~26 weeks' gestation. Changing demographic characteristics among pregnant women, and the increasing prevalence of obesity and type 2 DM in young adults, suggest that many women entering pregnancy may have undiagnosed DM or develop it early during pregnancy. Review of the literature on gestational DM reveals a rising prevalence, with India having $\leq 16\%$; the prevalence of type 2 DM in adult women in India is estimated to be ~12%. However, prepregnancy health screening for DM is not performed routinely, and data on early screening are limited.

Objective: To determine if early screening for gestational DM is of value.

Methods: The multicenter, prospective Gestational Origin Diabetes Detection and Evaluation Study (GODDESS) in South India examined the incidence of early gestational DM, outcomes in women with early gestational DM, and postpartum status of glucose intolerance in early and late gestational DM. The study was performed in 4 stages: at the initial visit, at 26 weeks, at 32 weeks, and 6 to 8 weeks postpartum. A total of 604 women completed a questionnaire to assess risk factors for DM and had a fasting blood glucose value taken. All women with a FBG >80 mg/dL underwent a 75-g, 2-hour oral glucose tolerance test.

Results: A total of 523 women completed the tests; 5.7% had gestational DM according to American Diabetes Association or World Health Organization criteria. These women were managed by their respective centers' customary protocol. They were followed during pregnancy, and their outcomes and postpartum glucose tolerance documented.

Conclusion: Early screening for glucose intolerance is valuable, especially in high-risk ethnic populations. A larger study is needed to further validate these findings.
