g. Diabetes Mellitus

With increasing rates of both pregestational diabetes mellitus and GDM in the pregnant population in the U.S., providers might encounter patients who potentially benefit from early identification of GDM or new diagnoses of pregestational diabetes mellitus made in early pregnancy. Gestational diabetes mellitus affects about 4% of all pregnancies, and risk factors include having a prior pregnancy affected by GDM; having a prior delivery of a baby weighing more than 9 pounds at birth; being overweight or obese; having a family history of DM; being African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander; being treated for HIV.(228) The Work Group did attempt to specifically examine the evidence on the utility of early GDM screening to reduce the incidence of gestational hypertension (GHTN), preeclampsia, or GDM. With this focused, narrow prompting question, only one pragmatic RCT met review criteria, which randomized 922 obese patients with a BMI greater than 30 to either early screening (14–20 weeks) or treatment as usual (TAU) (GDM screening at 24–28 weeks).(229) The results showed a potentially associated increased risk for GHTN and preeclampsia in the early GDM screening group, but the confidence intervals around the effect estimates for each of the three outcomes were wide and crossed 1.0, such that the differences between early care and TAU screening groups did not reach statistical significance. Future research is needed to define more clearly the benefits and harms of early GDM screening, optimal diagnostic thresholds and testing strategies for early screening, and potentially the patients who benefit most.

When considering early GDM screening for patients with multiple risk factors for GDM, providers should use clinical judgment regarding the benefits and harms of offering such early screening depending on individual patient characteristics. The Work Group also notes that American College of Obstetricians and Gynecologists (ACOG) and the United States Preventative Services Task Force (USPSTF) both offer guidance on early GDM screening for patients with multiple risk factors to support provider decision making regarding early GDM screening for patients with risk factors.(230, 231)

h. Spontaneous Preterm Birth

Affecting nearly 1 in 10 newborns, preterm birth is a major cause of perinatal morbidity and mortality. One-half of preterm births are related to spontaneous preterm labor. Although many risk factors are associated with spontaneous preterm birth, the strongest predictor is the history of spontaneous preterm birth. Other strong risk factors include prior preterm pre-labor ROM, multiple gestation, and short cervix. Given the time-sensitive nature to implement preventive strategies, the primary obstetric provider should assess the patient's risk for preterm birth at the initial prenatal visit. Patients at high risk for subsequent spontaneous preterm delivery should be counseled on the options for prevention. Women experiencing psychological distress related to high-risk status of having a spontaneous preterm birth or because of a history of spontaneous preterm birth should be offered mental health treatment. See Recommendation 12 for further information.