

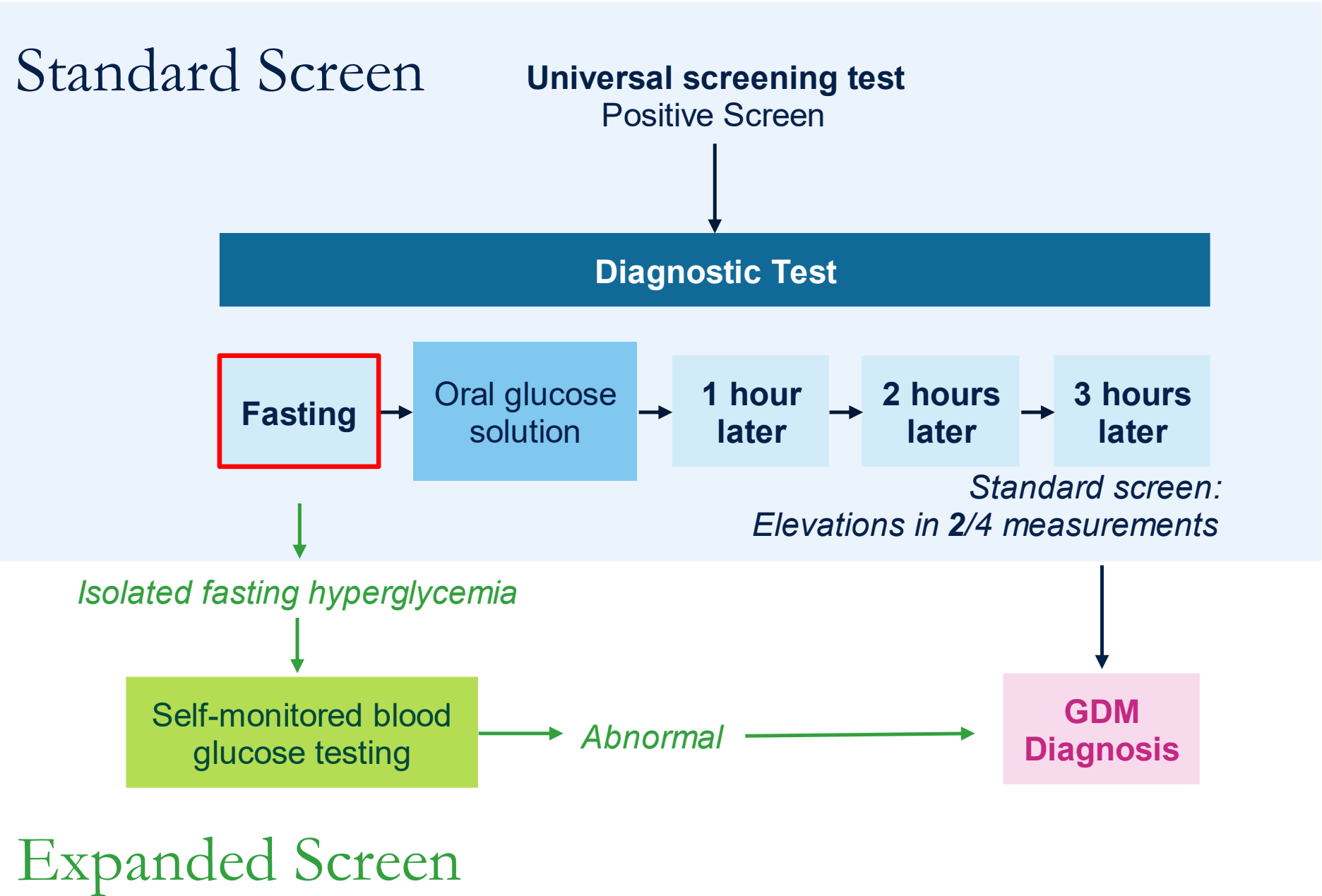
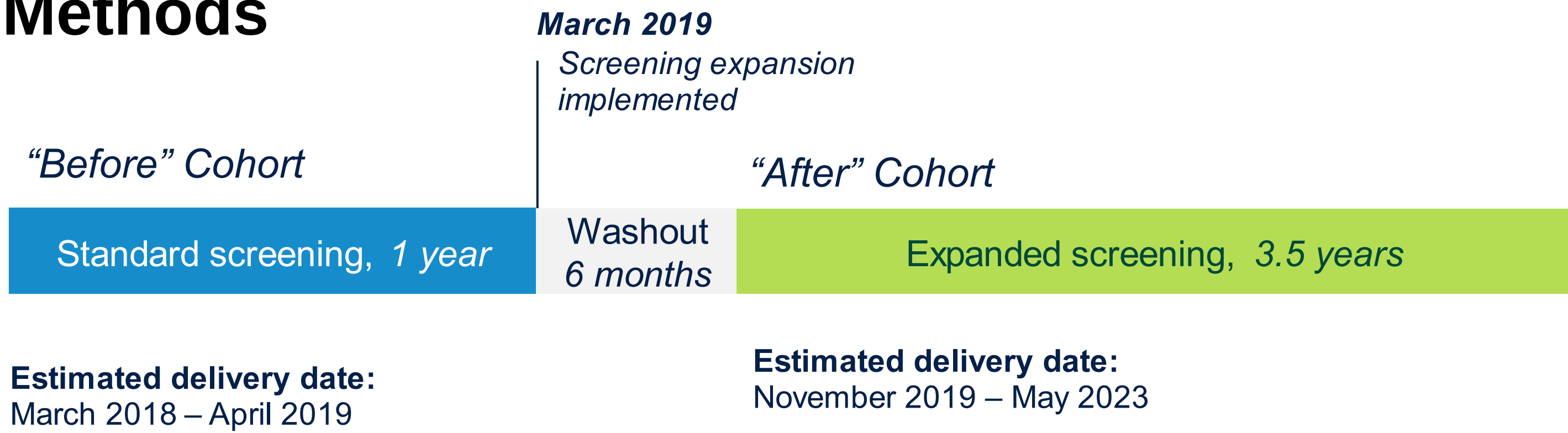
An expanded gestational diabetes screening strategy increased insulin treatment but did not improve perinatal outcomes.

Maternal and neonatal outcomes with different screening strategies for gestational diabetes mellitus

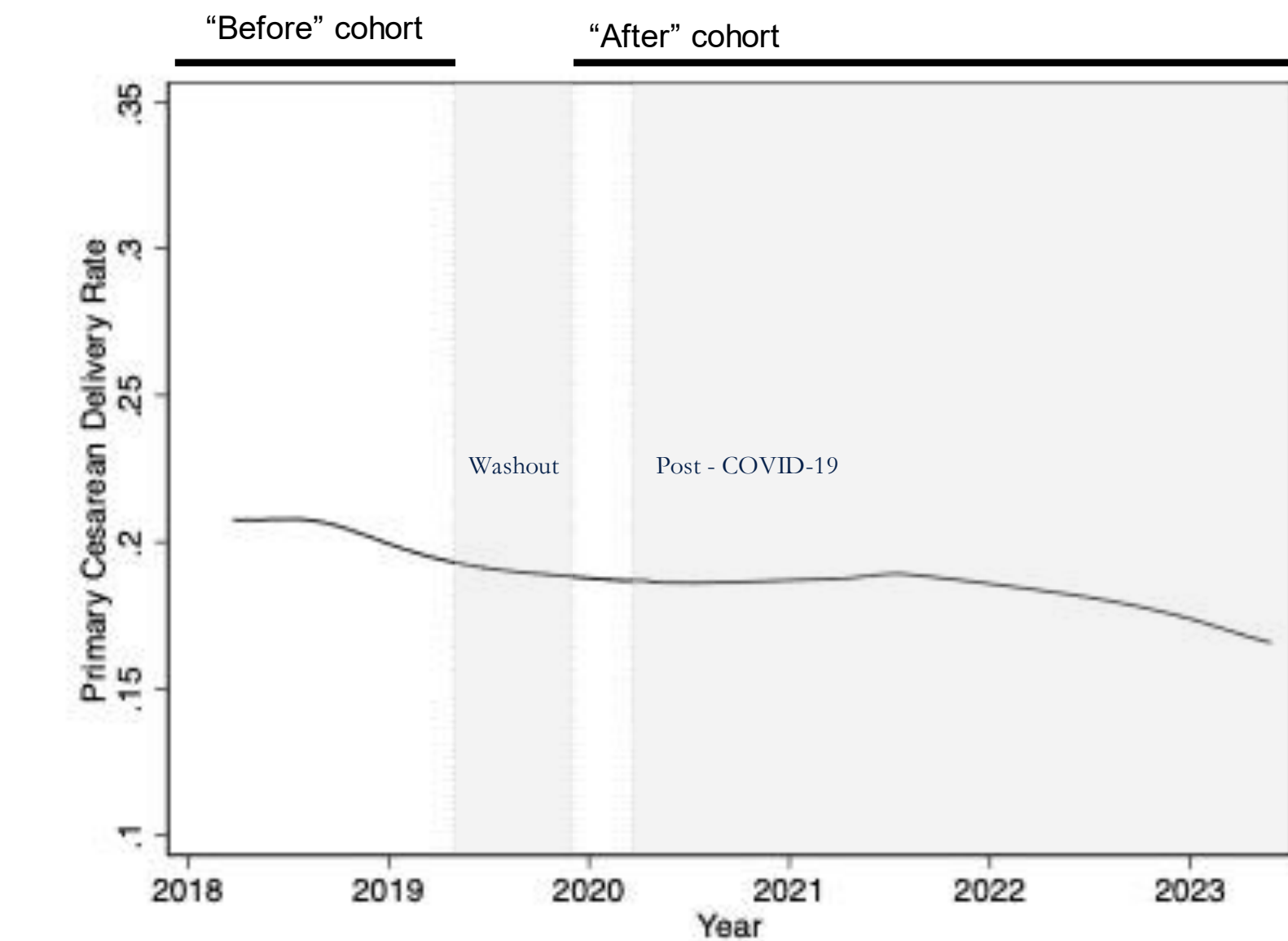
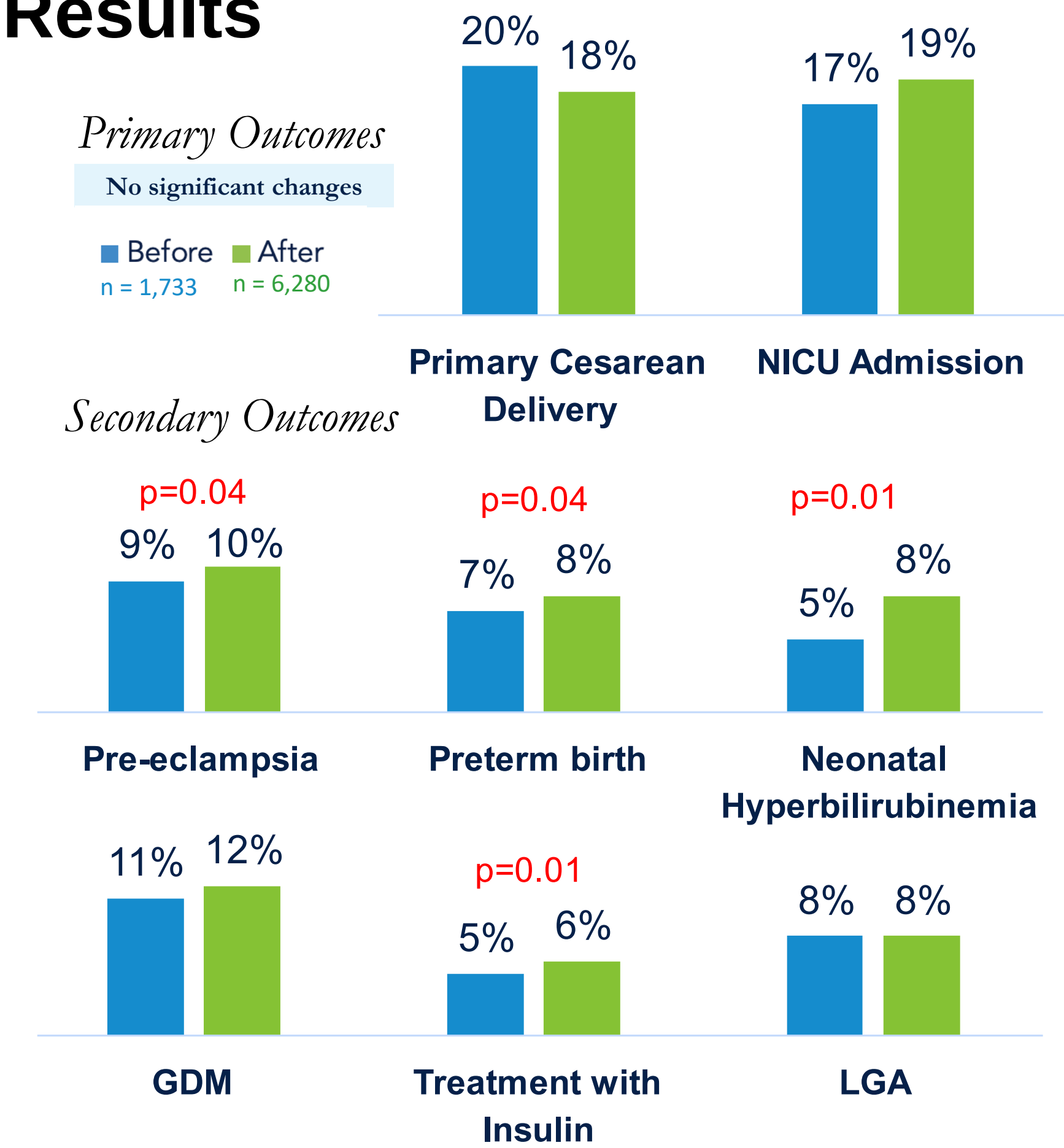
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Methods



Results



Maternal Outcomes

Outcome	OR (95% CI)	p-value
Gestational diabetes mellitus	1.08 (0.93, 1.26)	.31
Treatment with insulin	1.34 (1.07, 1.69)	.01
Hypertensive disease of pregnancy	1.11 (1.00, 1.24)	.055
Gestational hypertension	1.04 (0.89, 1.22)	.62
Pre-eclampsia	1.20 (1.01, 1.42)	.04
Cesarean delivery	0.97 (0.89, 1.06)	.45
Primary cesarean delivery	0.90 (0.81, 1.01)	.07
Obstetric anal sphincter injuries	1.24 (0.91, 1.70)	.17

Neonatal Outcomes

Outcome	OR (95% CI)	p-value
NICU admission	1.11 (0.99, 1.25)	.08
Preterm birth	1.22 (1.01, 1.47)	.04
Shoulder dystocia	1.10 (0.65, 1.87)	.71
Large for gestational age	1.03 (0.86, 1.23)	.79
Severe neonatal hypoglycemia	1.46 (0.95, 2.23)	.08
Severe hyperbilirubinemia	1.49 (1.20, 1.85)	<0.01
Respiratory distress syndrome	1.17 (0.73, 1.88)	.52

Discussion

- Implementation of expanded screening strategy for GDM increased the incidence of pharmacologic management of GDM, without improving outcomes.
- With any screen, the ability to balance risks and benefits should be used to determine whether the screen reduces morbidity

