SCREENING FOR GESTATIONAL DIABETES MELLITUS USING 75 GRAMS OGTT AT 16-20 WEEKS AOG VERSUS 24-28 WEEKS AOG: A RANDOMIZED CONTROLLED TRIAL

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Introduction

Gestational diabetes mellitus is hyperglycemia in pregnancy that does not meet the criteria of overt diabetes mellitus. Recommendation is 75 g OGTT be done at 24-28 weeks AOG; this study will potentially pick up cases of early onset GDM.

Objectives

This study aims to assess if screening for GDM using 75 g OGTT at 16-20 weeks AOG prevents complications.

Methods

This is a randomized controlled study. 98 patients were randomly allocated into two groups: those screened for GDM at 16-20 weeks AOG, and those at 24-28 weeks AOG.

Table	2	Preva	lence	Λf	CDM
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Timing of Screening	Frequency (f)	Prevalence (%)	95% Confidence Interval	p-value
16 to 20 Weeks AOG (n = 47)	11	23.40	13.27-37.89%	0.002*
24 to 28 Weeks AOG (n = 48)	27	56.25	41.76-69.74%	
Overall Prevalence	38	40.00	30.50-50.31%	

★Significant at p-value ≤ 0.05

Results

95 patients were included in the analysis. Age >31 years old was associated with GDM. The most common maternal complication was preeclampsia, with no significant differences found in the maternal and neonatal complications, and no sufficient evidence to link any complication to GDM.

Conclusion and Recommendation

2 patients were diagnosed with overt DM at 16-20 weeks AOG with a 23.4% prevalence rate. Screening for GDM earlier could be an option for those who are capable or willing because the benefits of earlier detection may outweigh the potential complications.

Keywords: Gestational diabetes mellitus, Screening, 75-grams OGTT