Insufficient evidence for exercise preventing gestational diabetes mellitus

Clinical question
How effective is physical exercise for pregnant women for preventing glucose intolerance or gestational diabetes mellitus (GDM)?

Bottom line
Compared with routine antenatal care, exercise programmes, including individualised exercise with regular advice, weekly supervised group exercise sessions or home-based stationary cycling, either supervised or unsupervised, had no clear effect on preventing GDM or improving insulin sensitivity.

Caveat
None of the trials reported large-for-gestational age babies, perinatal mortality or long-term outcomes for women or their babies. No information was available on health service costs. All trials were conducted in high-income countries.

Context
GDM affects a significant number of women each year. GDM is associated with a wide range of adverse outcomes for women (type 2 diabetes mellitus) and their babies (birthweight >4kg and birth trauma). Recent observational studies have found physical activity during normal pregnancy decreases insulin resistance and therefore might help to decrease the risk of developing GDM.

Cochrane Systematic Review

Pearls No. 371, September, 2012, written by Brian R McAvoy

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners – developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the Ministry of Health. New Zealanders can access the Cochrane Library free via www.cochrane.org.nz

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases. View PEARLS online at: www.nzdoctor.co.nz; www.cochraneprimarycare.org