

Summary of findings tables

1 The effect of exercise during pregnancy on GDM

The effect of exercise during pregnancy on GDM						
Patient or population: patients with GDM						
Settings: Pregnant women						
Intervention: exercise						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	Exercise				
gestational diabetes mellitus(1) follow-up Follow-up: 16-34 weeks	Study population		RR 0.58 (0.37 to 0.90)	2981 (8 studies)	⊕ ⊕ ⊕ ⊕ very low ^{1,2,3,4}	
	97 per 1000	56 per 1000 (36 to 87)				
	Moderate					
	74 per 1000	43 per 1000 (27 to 67)				
gestational diabetes mellitus(2) follow-up Follow-up: 16-34 weeks	Study population		RR 0.60 (0.36 to 0.98)	2981 (8 studies)	⊕ ⊕ ⊕ ⊕ very low ^{1,3,4,5}	
	77 per 1000	46 per 1000 (28 to 75)				
	Moderate					
	73 per 1000	43 per 1000 (26 to 71)				
gestational weight gain Follow-up Follow-up: 16-34 weeks		The mean gestational weight gain in the intervention groups was -1.61 lower (-2.28 lower to 0.54 higher)		1690 (5 studies)	⊕ ⊕ ⊕ ⊕ very low ^{1,2,3,4,5}	
gestational age at birth Follow-up Follow-up: 16-34 weeks		The mean gestational age at birth in the intervention groups was -0.55 higher (-1.57 lower to 0.47 higher)		2981 (8 studies)	⊕ ⊕ ⊕ ⊕ very low ^{1,2,3,4,5}	
Birth weight Follow-up Follow-up: 16-34 weeks		The mean birth weight in the intervention groups was -18.7 lower (-52.49 lower to 15.08 higher)		2981 (7 studies)	⊕ ⊕ ⊕ ⊕ very low ^{1,2,3,4,5}	
caesarean	Study population		RR 0.88	2691	⊕ ⊕ ⊕ ⊕	

section	194 per 1000	171 per 1000 (134 to 217)		(7 studies)	very low ^{1,2,3,4,5}	
Follow-up Follow-up: 16-34 weeks	Moderate		(0.72 to 1.08)			
	204 per 1000	180 per 1000 (141 to 228)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

Footnotes

- ¹ Consistency was downgraded because the heterogeneity across included studies was high.
- ² Precision was downgraded because sample sizes are relatively small in several trials.
- ³ Funnel plot indicated publication bias.
- ⁴ Confounding factor, like dietary, may change the effect.
- ⁵ Risk of bias was serious because there existed reporting bias and selection bias.