

Did modification of Gestational Diabetes screening tool during the pandemic affect diagnosis? Miss E.Ande/H.Mohammed/D.Bates/A.Correia/Mr E.Opara

Objective

To determine if modification of the screening criteria for Gestational Diabetes Mellitus (GDM) by RCOG, affected the diagnosis and subsequent care of women.

GDM affects 18% of pregnant women. During the pandemic, RCOG recommended substitution of Oral glucose tolerance test (OGTT) with fasting glucose and HbA1C for GDM screening

Design

A comparative retrospective cohort review of women tested for GDM in 2020 using the modified Criteria versus those tested in 2019 at North Middlesex University Hospital.

Methods

Patients hand held notes were reviewed retrospectively and data was entered into excel sheet and analysed.

NICE standards are, fasting blood glucose of 5.6mmol/L and 2 hours post load (75g glucose) 7.8mmol/L. However, RCOG (March 2020) recommended the use of HbA1c of 39mmol/L (at 28 weeks of gestation) and Fasting blood glucose of 5.3mmol/L. To reduce the risk of COVID-19 transmission in hospital.

Results

In 2020, 3,045 women were screened using the modified criteria; 302 patients were diagnosed with GDM with prevalence of 14.8%. Compared to 2019 where 3,811 women were screened and 512 diagnosed with a similar prevalence of 13%.

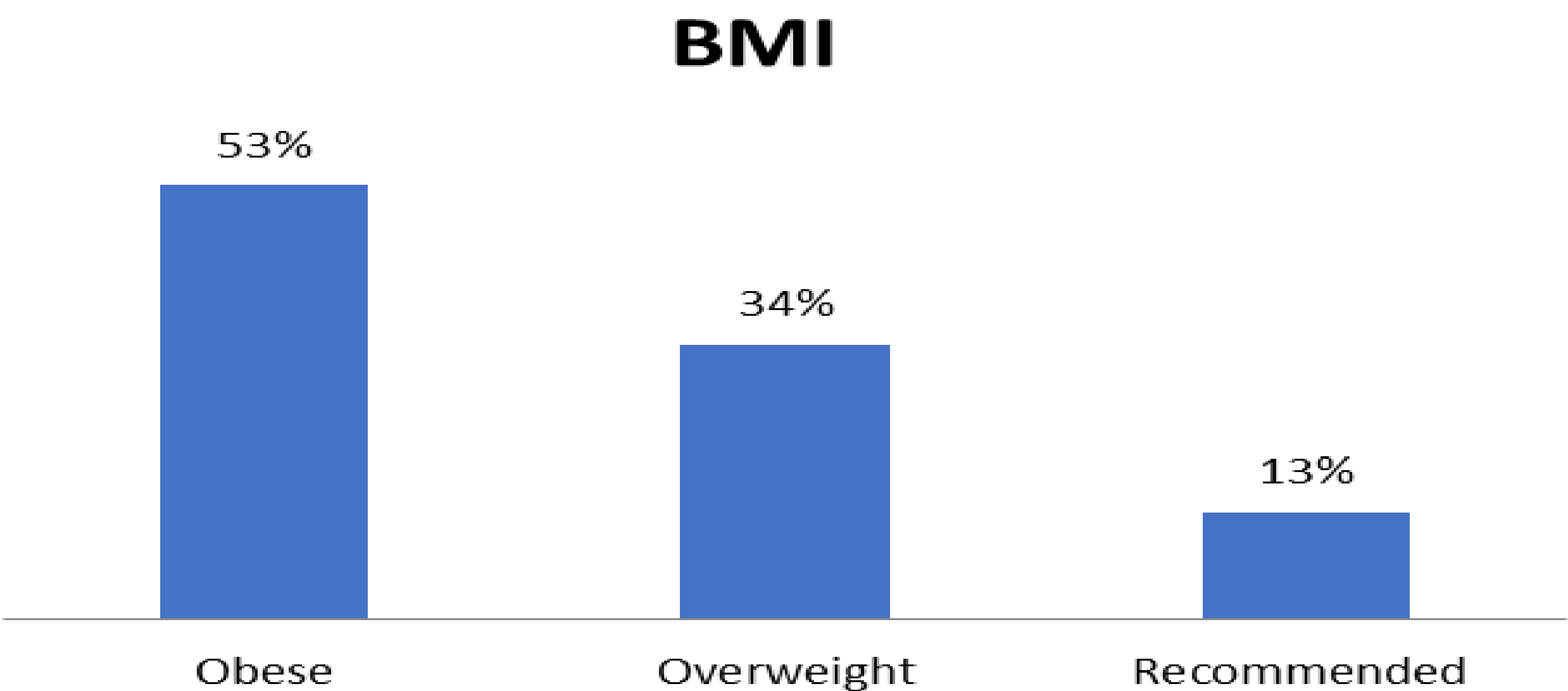
Diagnosis of GDM was made after raised HbAc1 (24-30 weeks) in 49%, fasting glucose in 32% and a combination in 18%.

Further analysis showed that 58% were employed, 21.8% were from any other white background and 53% were obese.

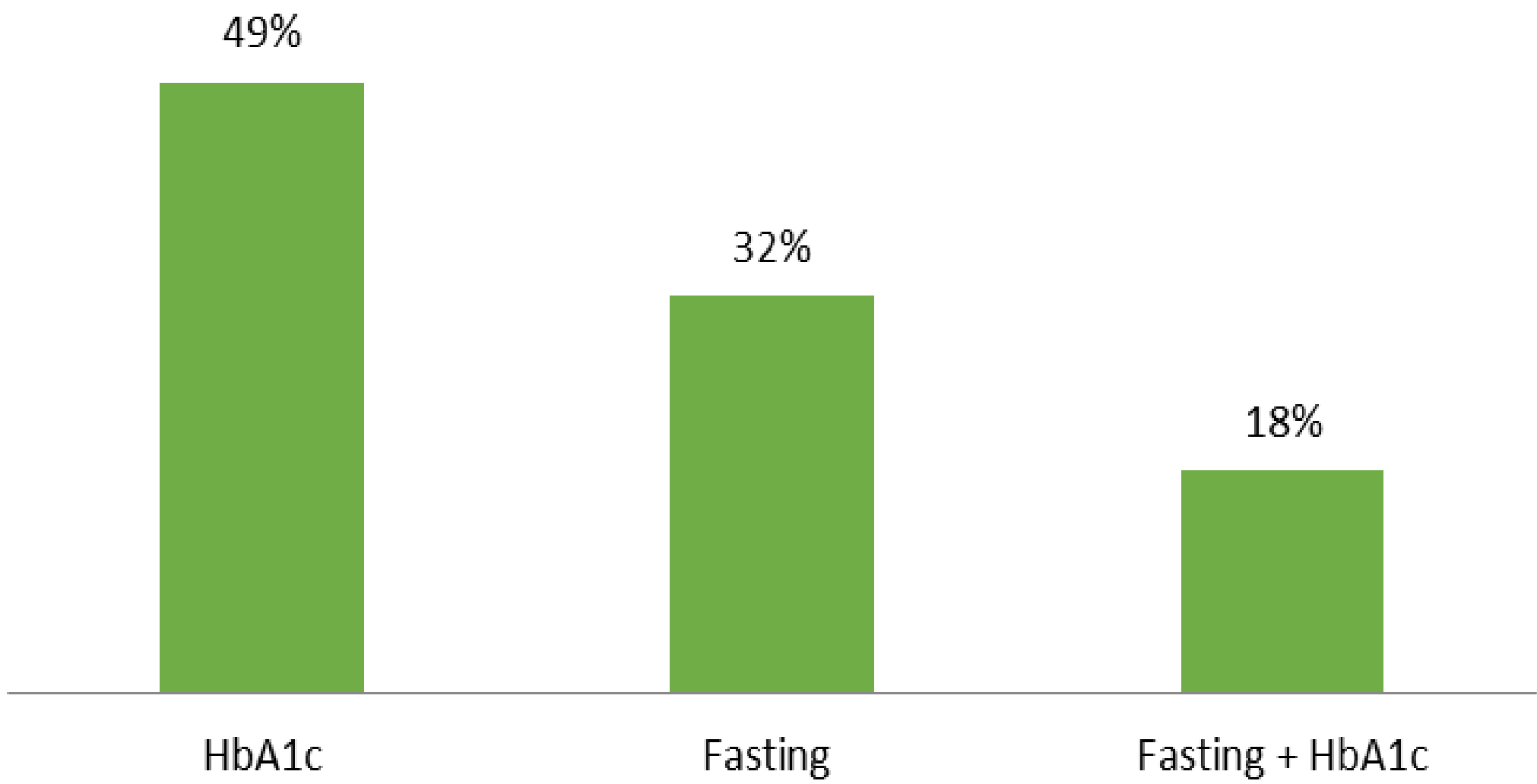
53% had induction of labour, 25% had spontaneous labour and 22% had elective caesarean section (CS). 57% had vaginal delivery and 43% had CS.

90% of the deliveries had no obstetrics complications while 3% each had large for gestational age babies, postpartum haemorrhage and preterm delivery with small gestational age in 1%.

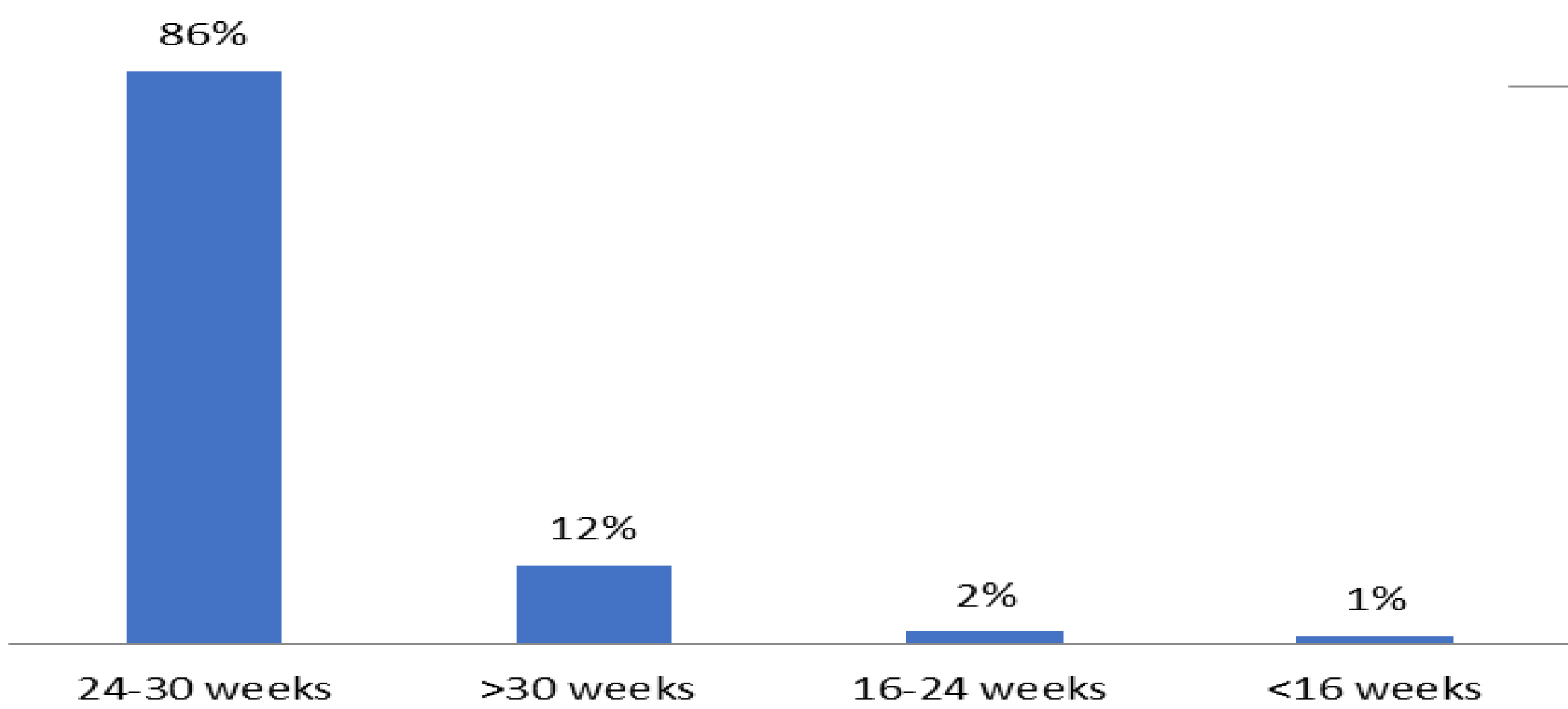
Good neonatal outcomes with 6% neonatal admissions, one stillbirth, no shoulder dystocia, no asphyxia.



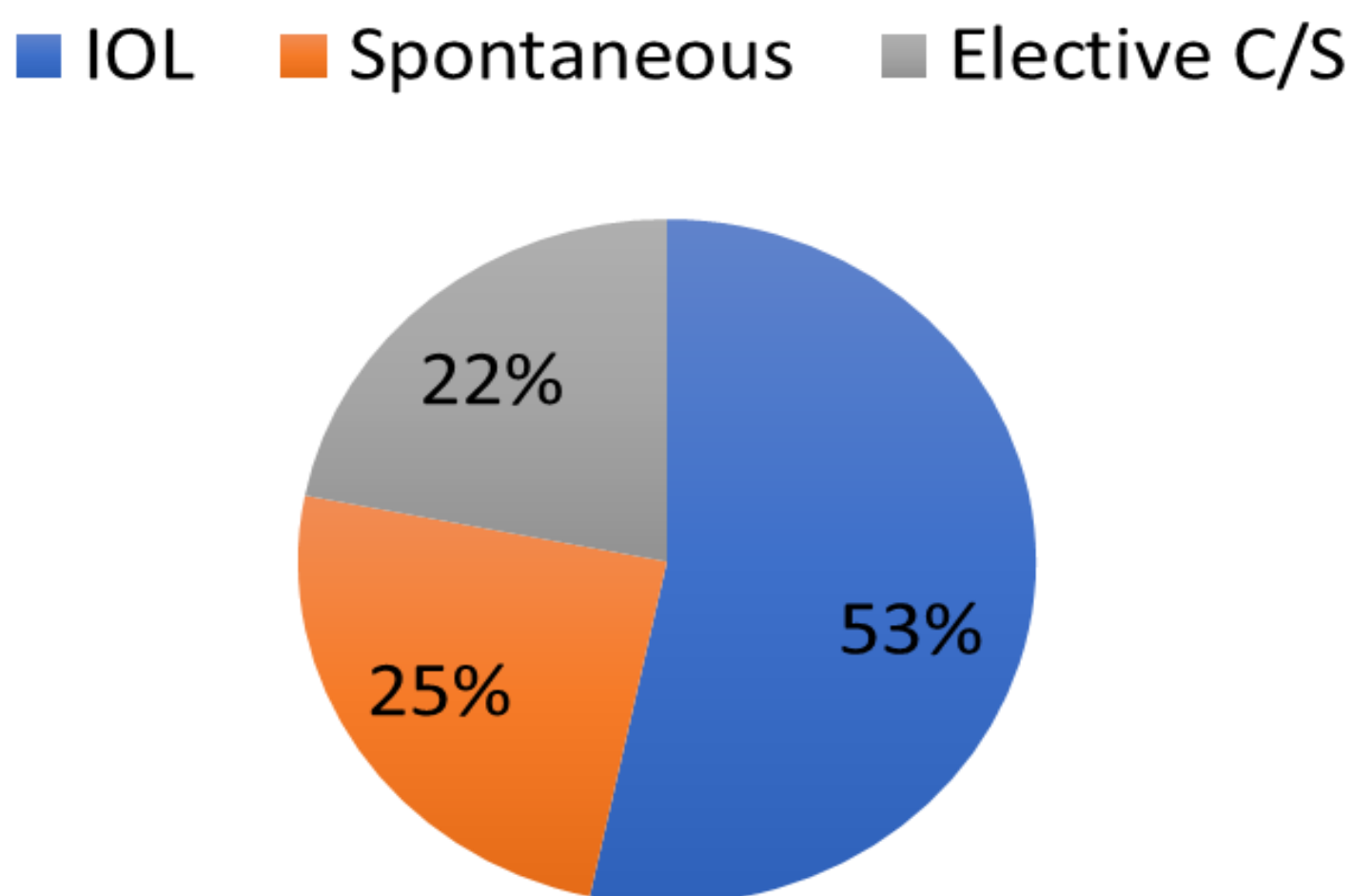
Method of diagnosis



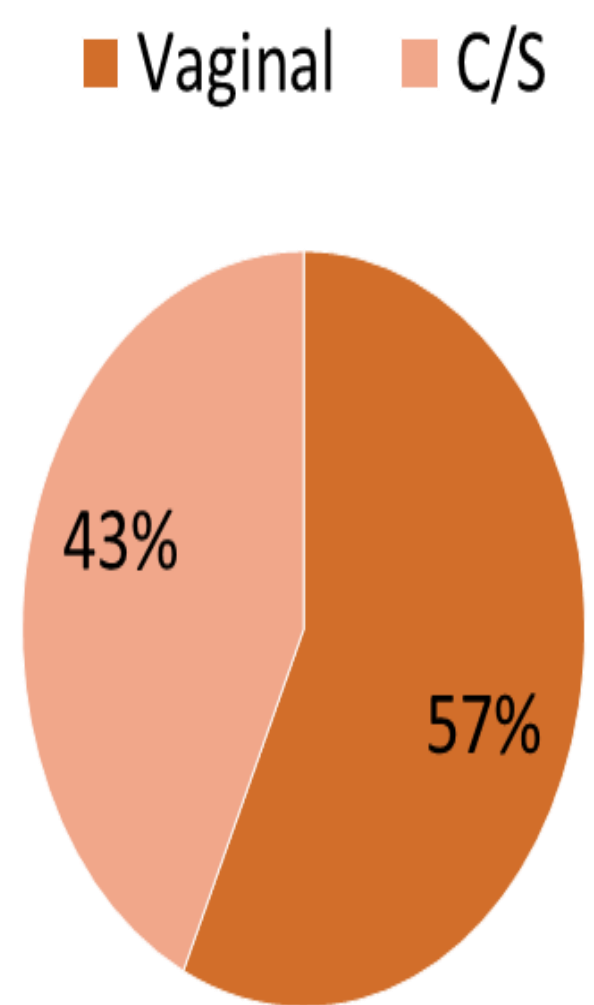
Gestational age at diagnosis



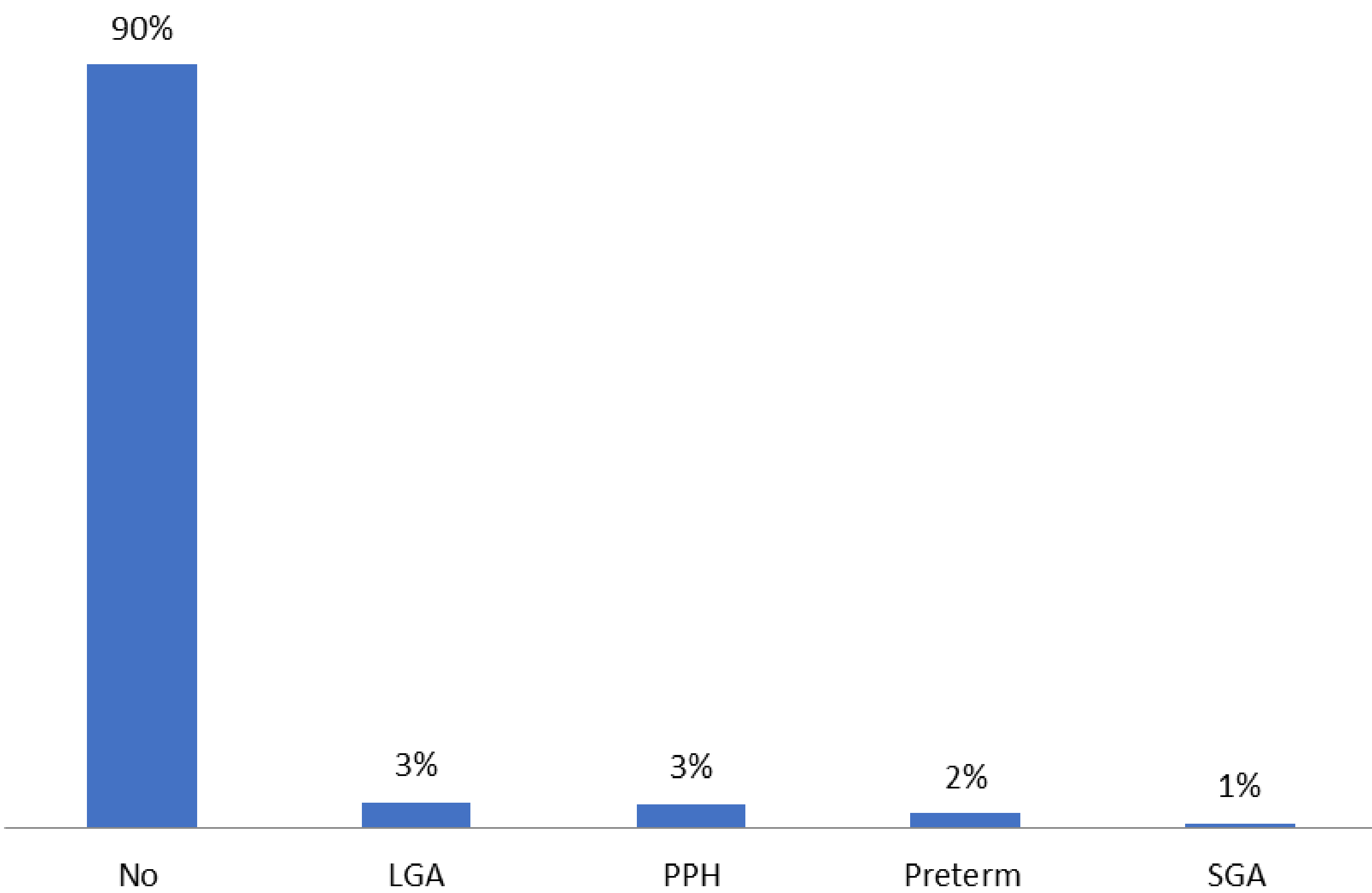
IOL/Spontaneous



Mode of delivery



Complications



Limitations

No good evidence supporting use of HbA1C and FBG as diagnostic tools
Diagnosis through Large for gestational age or polyhydramnios were excluded

Conclusion

Modification of screening criteria did not affect diagnosis of GDM.