

INTRODUCTION

Approximately 700,000 women give birth in England and Wales each year. Between 2% and 5% of pregnancies are complicated by diabetes and 87.5% of these women have gestational diabetes (GDM). The incidence of GDM is increasing as a result of higher rates of obesity in the general population and more pregnancies in older women.

GDM is one of the strongest risk factors for the subsequent development of type 2 diabetes (T2DM) with up to 50% of women diagnosed GDM developing T2DM within 5 years of the delivery.

Current NICE guideline’s advice is for women who were diagnosed with GDM and whose blood glucose levels returned to normal after the birth to have a fasting blood sugar (FBS) test 6 to 13 weeks after the delivery to exclude diabetes or if after 13 weeks post-delivery, to have either a FBS or HbA1c test if a FBS test is not available. (1)

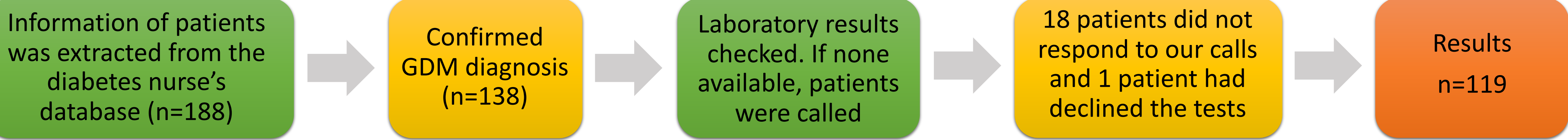
However, the rate of women with previous GDM who have post-partum glucose screening remains markedly low as shown in Table 1. (2)

Study	No. of patients/responders	Key findings
Fahami <i>et al</i> , 2019	408 post-partum screening, 395 annual screening	38% screened up to 13 weeks post-partum, 16% screened with annual HbA1c South Asian women less likely to attend annual screening
Walsh <i>et al</i> , 2019	535 (pre guidance n=306, post-guidance n =229)	Follow up rates improved from 60.5% to 69.9% after the updated NICE guidelines Over 1/3 of women were not followed up
Curtis <i>et al</i> , 2017	118	Post partum screening with FBS in hospital had 94.9% attendance
Carmody <i>et al</i> , 2015	1520	Introducing a central coordinator to remind women about post-partum screening can achieve rates of 75% Older women and those who had used insulin were more likely to attend

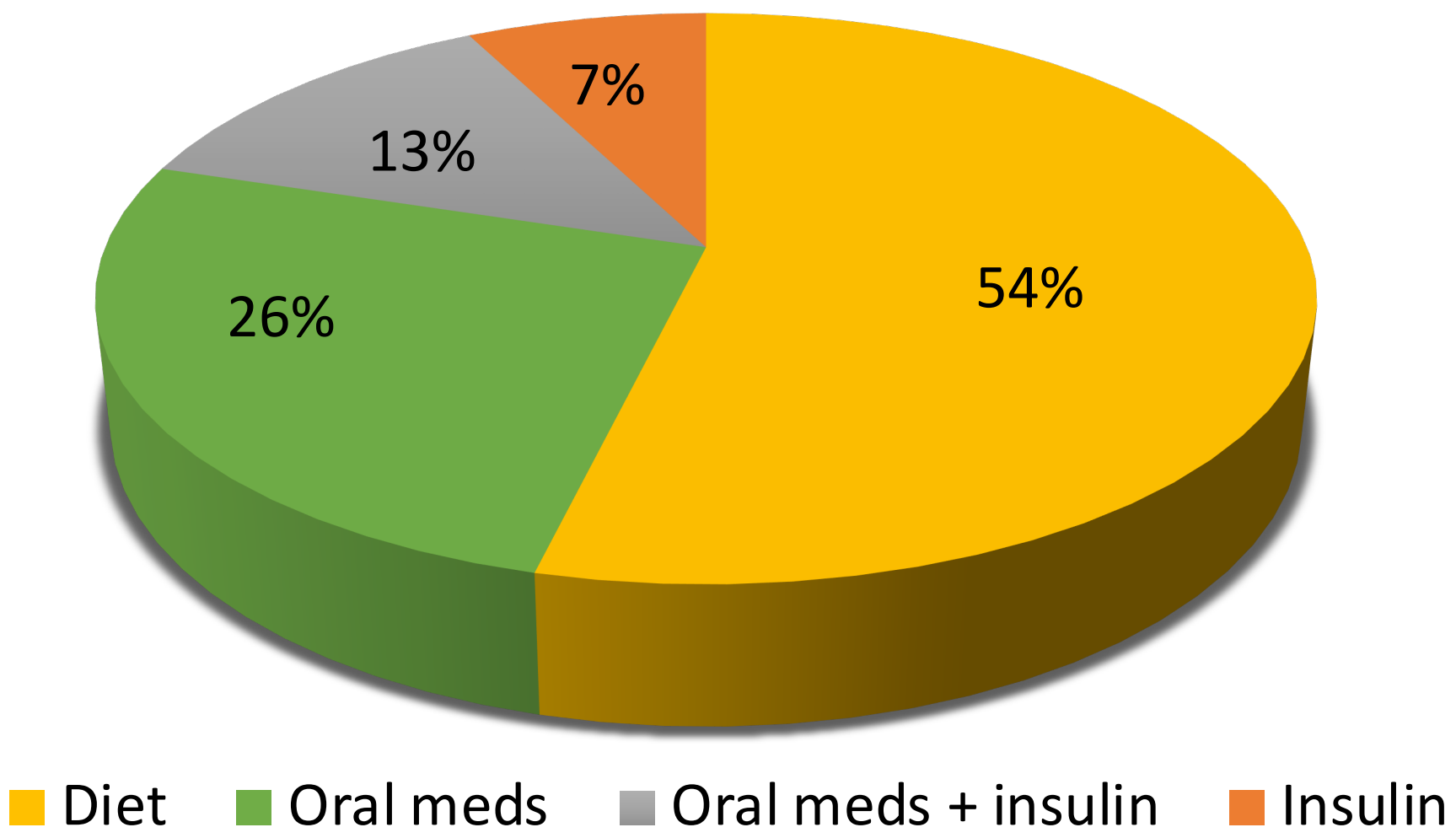
Table 1 | Studies reporting postpartum screening rates and determinants in the UK

METHODS

The aim of this audit was to investigate the effectiveness of the current system of postnatal diabetes screening in women with GDM. We carried out a retrospective quantitative study looking at patients who were diagnosed with GDM and delivered from October to December 2021 at the Royal Surrey County Hospital.



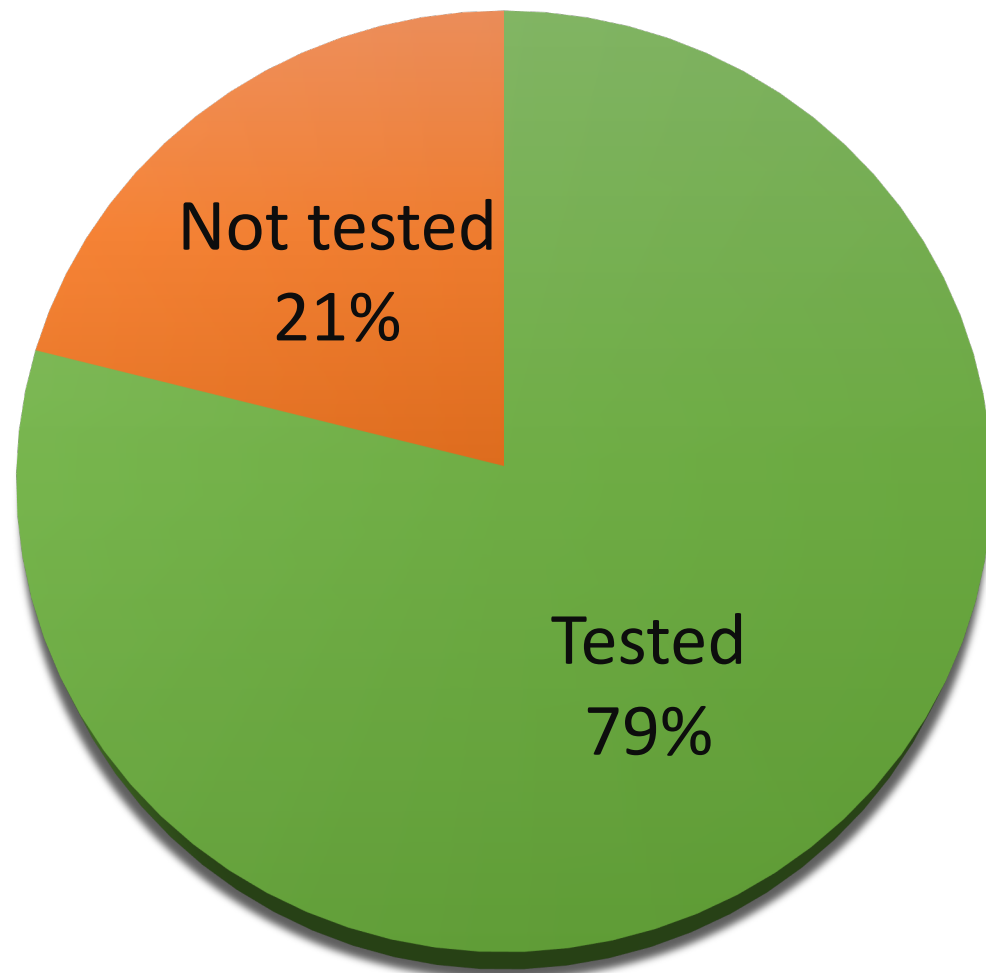
RESULTS



GDM Management

- From those we had a laboratory result or response:
- 54% of patients were managed with diet only
 - 26% of patients required oral medication in the form of metformin
 - 13% required both metformin and insulin
 - 7% were managed with insulin alone

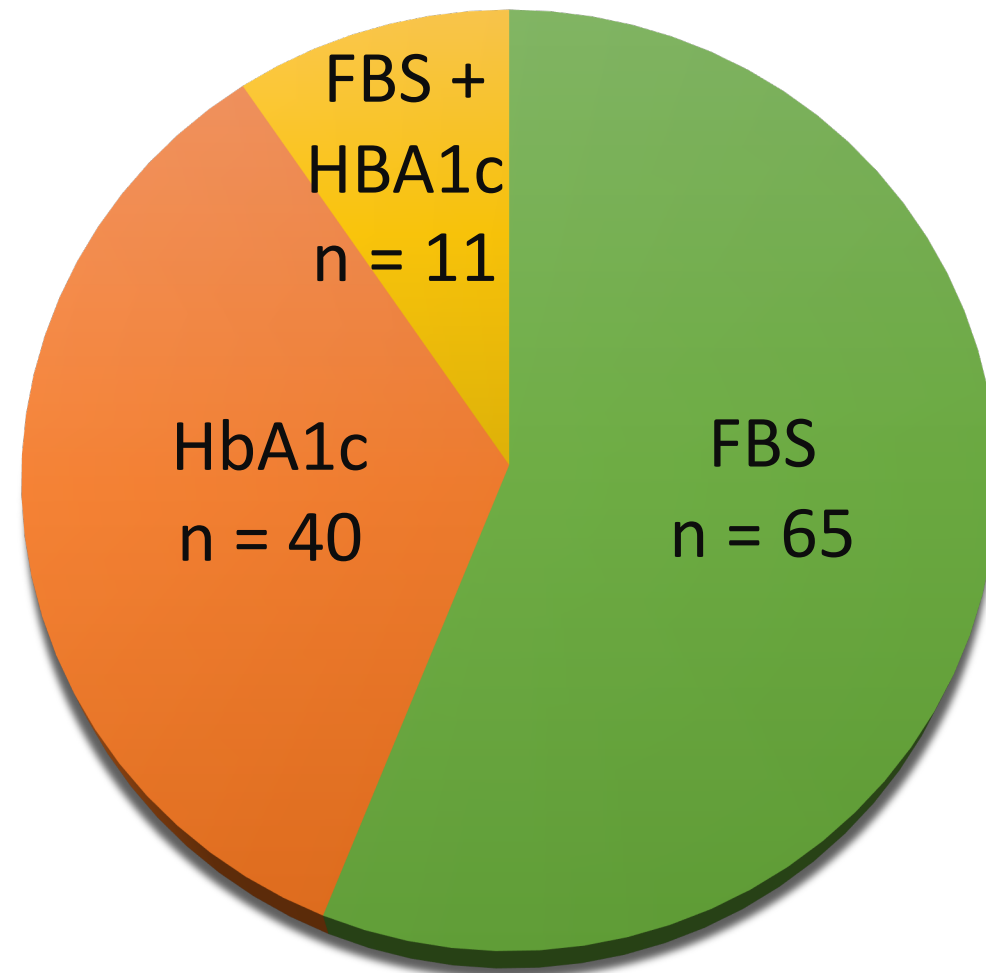
Postnatal FBS/HbA1c check



79% women underwent postnatal glucose testing at their GP surgery

Method of postnatal FBS/HbA1c check

- Of these women:
- the majority had FBS testing
 - 11 women had both FBS and HbA1c testing



CONCLUSION

- 79% of our cohort underwent testing in primary care, comparable to the findings of other similar studies. (2)
- GPs do not have a consensus on the type of test to offer – offered either a FBS, HbA1c or both.
- The timing did not follow the guideline – many had the test outside the 13 weeks recommended period.
- We advised the 21 % women who did not have any kind of testing to make an appointment with their GP

Previous surveys assessing views of women with a history of GDM on post-partum screening have identified time restrictions and child responsibilities as key determinants of poor post-partum screening attendance. (2) There is an overall lack of awareness and low risk perception for future T2DM in this patient group, indicating major gaps in communication between healthcare professionals and patients as well as poor patient education.

- Further research:
 - A re-audit with a newly available home test kit
 - Compliance with annual glucose check

References:
1. National Institute for Health and Care Excellence. (2015). Diabetes in pregnancy: management from preconception to the postnatal period[NG3]. <https://www.nice.org.uk/guidance/ng3>
2. Vounzoulaki E, Khunti K, Tan BK, Davies MJ, Gillies CL. Gestational diabetes: screening uptake, current challenges and the future – a focused review. The British Journal of Diabetes. 2020; 1(20). DOI: <https://doi.org/10.15277/bjd.2020.236>