

Impact of resources and changes in pathways on outcomes of women with Gestational diabetes (GDM) retrospective audit pre, during and after COVID in a District General Hospital in the UK



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Objective

Our audit examines the outcomes of women with GDM prior, during and after COVID considering changes in resources and pathways. A multicentre retrospective cohort study suggested no differences in maternal and perinatal outcomes during versus pre COVID but there are no reports about outcomes after COVID (1).

Design

This retrospective audit analysed data on women with GDM who delivered between April 2019 to April 2024.

Method

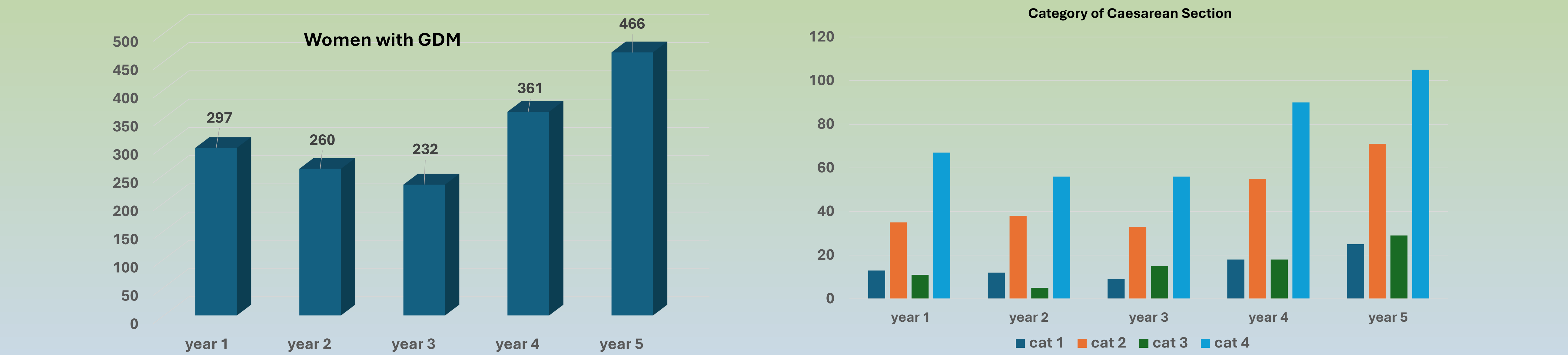
We analysed clinical outcomes for 1616 women with GDM including: induction or augmentation of labour, mode of delivery, perinatal morbidity and mortality, large for gestational age, shoulder dystocia and admission to neonatal unit. Data was collected from electronic records (CMIS, Mediviewer and Diamond).

Results

Our trust recruited a specialist diabetic midwife lead and a deputy to support the service. We implemented the RCOG- recommended GDM care pathways for GDM diagnosis during COVID-19. We offered a mixture of virtual and face to face consultations.

Over the last 5 years the percentage of total Caesarean sections (CS) increased steadily from 42% to 49%, with category 3 and 4 - percentage increase of 71% (78 women in the first year to 134 in the last year). The number of CS category 1 and 2 doubled from 48 in the first year to 96 women in the last year.

When excluding women who didn't labour, the percentage of women who were induced was between 61% and 69%; the use of oxytocin increased from 41% in year 1 to 52% in year 5 and the use of Prostin increased from 65% in year 1 to 82% in year 5.



The percentage of babies admitted to SCBU/ NNU were 19%, 20%, 24%, 13.5% and respectively 11.3%.

Shoulder dystocia happened between 2 and 5 cases per year. 182 babies (11%) were LGA – overall during the 5-year audit. There was 1 case per year of stillbirth or neonatal death.

Conclusions

The COVID pandemic significantly impacted our maternity unit.

As per the multicentre retrospective study, our audit found no differences in maternal and perinatal outcomes during versus pre COVID, however, there was an increase in the number of women with GDM after the COVID pandemic.

Reference

Mclennan NM et al: Impact of COVID-19 on gestational diabetes pregnancy outcomes in the UK: A multicentre retrospective cohort study. BJOG. 2024 May;131(6):858-868. doi: 10.1111/1471- 0528.17716. Epub 2023 Nov 15. PMID: 37968246.