

# SCREENING, DIAGNOSIS, TREATMENT AND FOLLOW-UP IN WOMEN WITH GESTATIONEL DIABETES MELLITUS(GDM). ORGANISATION IN THE REGION OF SOUTHERN DENMARK(RSD)



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## Introduction

National Danish guidelines recommend selective screening for GDM in risk groups undergoing a diagnostic 2-h, 75 g oral glucose tolerance test (OGTT). The diagnostic threshold is a 2-hour glucose value of 9.0 mmol/l (venous plasma glucose or capillary blood glucose) (1). In 2014, the Danish Society of Obstetrics and gynaecology agreed to work for implementation of the new diagnostic criteria recommended by WHO (2) and EBCOG (3), which is expected to result in a 2-3 fold increase in the Danish GDM prevalence (1). This will imply immens organizational and health economic aspects. In the Region of Southern Denmark (RSD), with a population of 1.2 million, we have 12.000 deliveries per year in three regional hospitals and one university hospital. Since 2010, annual meetings in the interdisciplinary GDM teams in RSD have been held with exchanges of information and clinical experience.



## Results

- The prevalence of GDM with current Danish diagnostic criteria in RSD was 3-6 %
  - number of births in the four hospitals varied from 1900 to 5000 per year.
  - Clinicians involved in identifying pregnant women with GDM risk
    - general practitioners(GP)
    - Obstetricians
    - Midwives
- The organisation varied among the centres.

All centres used measurement of venous plasma glucose and a 2-hour threshold of 9.0 mmol/l for GDM diagnosis and OGTTs were performed in central hospital laboratories.

All patients were offered contact with the interdisciplinary GDM team within one week after diagnosis.

- The teams treated between 50-230 GDM patients per year
- 5-20% of these were insulin treated.
- Two departments offered insulin treatment; the other two referred the patient to another centre if insulin was needed.
- Post-partum OGTT was arranged by the hospital in three of the centres whereas one centre referred the patients directly to their GP for OGTT 3-4 months after delivery.
- In one centre, post-partum OGTT was accompanied by consultation with a diabetes nurse and dietician on the same day.

## Aim

To study the local organisation of screening, diagnosis, treatment and post-partum follow-up in women with GDM in order to identify challenges for the implementation of new GDM criteria.

## Materials and Methods

A questionnaire addressing local routines for GDM screening, diagnosis, treatment and post-partum follow up was answered by each of the four hospital teams.



## Conclusions

The organization of GDM management in RSD is in accordance with current national clinical guidelines and is uniform except from the post-partum follow up. This provides a solid basis for future changes.

## References

1. National guideline on diagnosis and screening for gestational diabetes mellitus. Danish Society of Obstetrics and Gynecology 2014.
2. The World Health Organization guideline 2013. Diagnostic criteria and classification of hyperglycaemia first detected in pregnancy. .
3. Benhalima K, Mathieu C, Damm P, Van Assche A, Devlieger R, Desoye G, Corcoy R, Mahmood T, Nizard J, Savona-Ventura C, Dunne F. A proposal for the use of uniform diagnostic criteria for gestational diabetes in Europe: an opinion paper by the European Board & College of Obstetrics and Gynaecology (EBCOG). Diabetologia. 2015 Jul;58(7):1422-9