

# POST-NATAL SCREENING FOR WOMEN WITH GESTATIONAL DIABETES

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## BACKGROUND:

Women diagnosed with diabetes in pregnancy (DIP) are known to have high rates of subsequent diabetes. The NZ guidelines<sup>1</sup>, implemented in February 2016, recommend an HbA1C three months post-partum to screen for pre-diabetes and diabetes. This test replaced the previously recommended oral glucose tolerance test (OGTT) because of poor acceptability and test completion of the OGTT, particularly in Maori and Pacific women. We have previously demonstrated that long-term primary care follow-up of HbA1C tests in women with gestational diabetes is sub-optimal<sup>2</sup>. We were concerned that there may be barriers to completing a postpartum OGTT screening test for diabetes which may be more pronounced in women from lower socio-economic areas, thereby increasing health disparities in Maori and Pacific women. It was hypothesised that an HbA1C may be more acceptable.

## AIM:

To identify women, from two different areas, who had performed an HbA1C within four months post-partum and had delivered between February 2016 and September 2016.

To identify women who had performed an OGTT in the same period in 2015.

## METHODS:

All women who had gestational diabetes (GDM) and delivered between February 2016 and September 2016 were identified, to allow adequate time to complete a post-natal OGTT by January 2017. Two DIP clinics were investigated: Wellington, the capital city of New Zealand; and Porirua, a lower socio-economic region with a higher prevalence of Maori and Pacific. Laboratory records were searched for an HbA1c result. Women with GDM who had delivered between February 2015 and September 2015 were identified on the Wellington diabetes in pregnancy database and searched for a completed OGTT.

## RESULTS:

Between February 2016 and September 2016 103 women with gestational diabetes delivered. 89 (86.4%) of women had an HbA1C recorded, 63 (91%) in Wellington and 26 (79%) in Porirua (Figure 1). In the same period in 2015, 131 women delivered and 85 (64.8%) completed an OGTT, 54 (68.4%) in Wellington and 31 (56.4%) in Porirua (Figure 2).

Figure 1: Women who performed a postnatal HbA1C in 2016, in Wellington and Porirua cities.

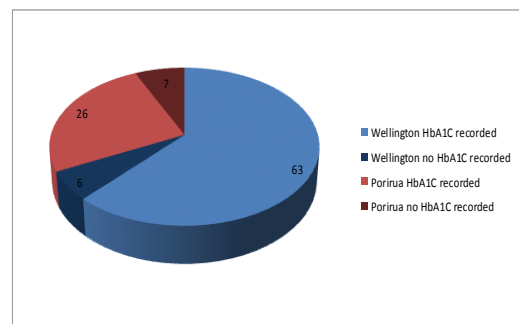
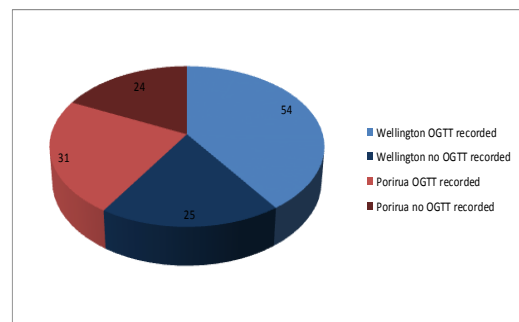


Figure 2. Women who performed a post-natal OGTT in 2015, in Wellington and Porirua cities.



## CONCLUSIONS:

This study demonstrates the greater acceptability of an HbA1C as a screening test for diabetes risk after a pregnancy with gestational diabetes. This was particularly illustrated in the Porirua region where socio-economic factors, such as transport and childcare, may influence the ability of women to perform an OGTT. Improved access to screening for diabetes will allow accurate post-natal advice and help to reduce the health disparities prevalent in lower socio-economic regions, where there is a higher population of Maori and Pacific.

## REFERENCES:

1. Screening, Diagnosis and Management of Gestational Diabetes Guidelines in New Zealand (2014);
2. H Campbell, J Quaine, R Elder, R Hall, J M Wilson; Primary Care Follow-Up Of Women With Previous Diagnosis Of Gestational Diabetes – An Audit; NZSSD 2016.