

Screening for gestational diabetes-implementation of IADPSG in a District general hospital

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Introduction

- Gestational diabetes mellitus (GDM) is a common medical complication of pregnancy.
- GDM is associated with adverse outcomes in mother and baby.
- A retrospective audit in our department in 2015 against NICE (NG3) showed that 40% of patients had late diagnosis of GDM.

Materials and Methods

- International association of the diabetes and pregnancy study groups criteria (IADPSG) for the diagnosis of GDM was implemented in Worthing Hospital in June 2016.
- Retrospective audit
- June 2016-December 2016
- Data collected from electronic records Medway Maternity®

Baseline Characteristics

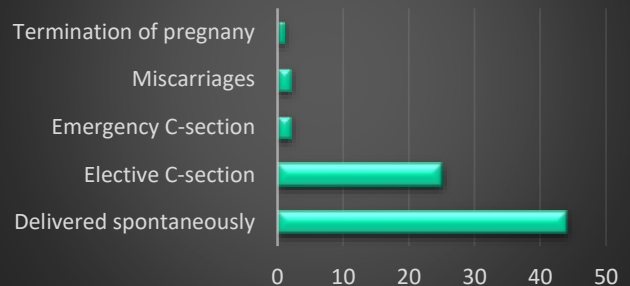
Total no of patients	123
Gestational Diabetes	85/123
Previous GDM	38/123
Maternal Age (Mean ± SD)	32 ± 5.6
BMI (Mean ± SD)	29.4 ± 7.7
Gestation at diagnosis (Mean ± SD)	23 ± 10 weeks
Pharmacological intervention (Mean ± SD)	25 ± 8 weeks
Birth Weight (Mean ± SD)	3339.7 ± 606.7 gm

Missed on NG3 Criteria (n=16)

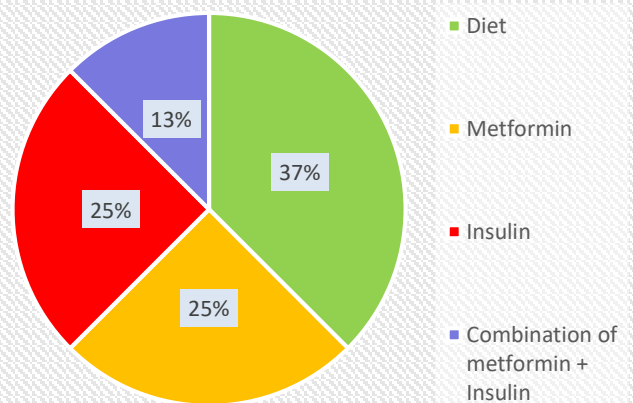
Diagnosis of GDM (Mean ± SD)	13.2 ± 3.5 weeks
Pharmacological intervention (Mean SD)	18.7 ± 4.9 weeks

Results

Maternal Outcomes (All GDM)



Pharmacological intervention started n= 16



Conclusions

- Implementation of IADPSG was associated with increase in early diagnosis of GDM. (Mean 23 weeks of gestation)
- 16 patients would have been missed on NICE (NG3) criteria alone
- Pharmacological intervention was required early in these patients. (Mean 18.7 weeks)
- We aim to look at fetomaternal outcomes in 2017.

References

- 1- International Association of Diabetes and Pregnancy Study Groups Consensus Panel, "International Association of Diabetes and Pregnancy study groups recommendations on the diagnosis and classification of hyperglycaemia in pregnancy," DiabetesCare, vol.33, no.3, pp.676–682, 2010
- 2-Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period NICE guidelines [NG3] : September 2015