

GDM screening practices in Aboriginal and Torres Strait Islander women in a metropolitan setting

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INTRODUCTION

Aboriginal and Torres Strait Islander (ATSI) women are disproportionately affected by gestational diabetes mellitus (GDM) with an age-adjusted incidence rate between 1.3 and 1.6 times higher than non-Indigenous women.¹⁻⁴ Indigenous women diagnosed with the condition are also at increased risk of adverse perinatal outcomes associated with GDM.²⁻⁴ We aimed to measure GDM screening rates and identify barriers to completion amongst ATSI patients in a large, tertiary-level, metropolitan maternity hospital in Victoria.

METHODS

We conducted a retrospective audit of 204 ATSI women giving birth between January 2017 and August 2019. Antenatal care was provided in a dedicated Indigenous support clinic. The primary outcomes were rates of GDM screening as per ADIPS guidelines and prevalence of GDM.⁵ The reasons for failure to participate in appropriate screening were recorded if documented. Ethics approval was obtained from the institutional Human Research Ethics Committee.

RESULTS

Figure 1: Flowchart of study participants

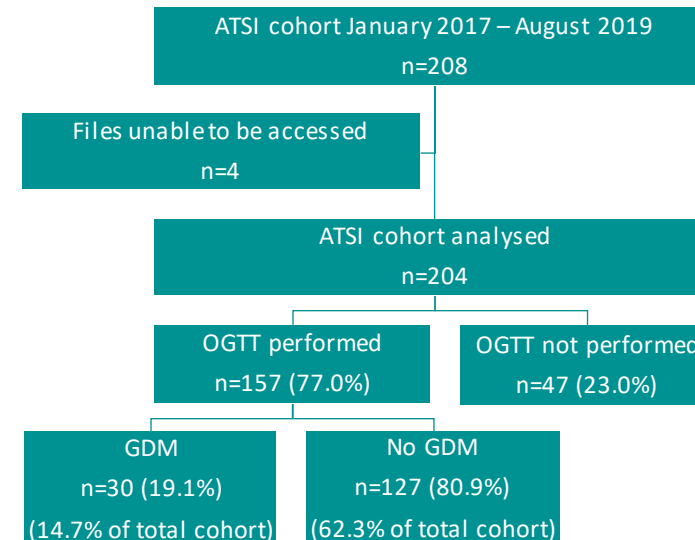
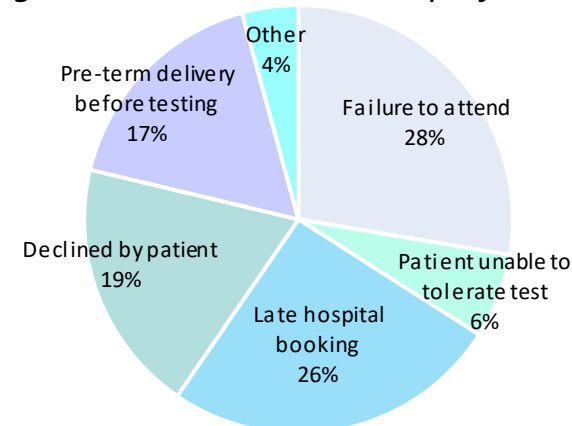


Figure 2: Reasons OGTT not performed



Staff compliance with testing protocol was high. The most common reason for not having testing was booking late at the hospital, or the woman not attending during the relevant period of the pregnancy. Delivery before the gestation period of the oral glucose tolerance test (OGTT) was also common.

CONCLUSION

The screening rate in our cohort was high, demonstrating the importance of targeted support for Indigenous patients. Of the reasons identified for non-completion, the majority were due to poor compliance with routine antenatal care in general, indicating that efforts should be directed towards improving dedicated support for ATSI patients and addressing barriers to antenatal care for these women rather than implementing changes or alternatives to the screening test itself.

REFERENCES

1. Australian Institute of Health and Welfare 2019. Incidence of gestational diabetes in Australia. Cat. no. CVD 85. Canberra: AIHW.
2. AIHW: Templeton M & Pieris-Caldwell I 2008. Gestational diabetes mellitus in Australia, 2005–06. Diabetes series no. 10. Cat. no. CVD 44. Canberra: AIHW.
3. Australian Institute of Health and Welfare 2010. Diabetes in pregnancy: its impact on Australian women and their babies. Diabetes series no. 14. Cat. no. CVD 52. Canberra: AIHW.
4. Australian Institute of Health and Welfare 2019. Diabetes in pregnancy 2014–2015. Bulletin no. 146. Cat. no. CDK 7. Canberra: AIHW.
5. ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia. Australian Diabetes in Pregnancy Society. www.adips.org.au (accessed January 2020). 2014.

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