

# Is the care for pregnant women with diabetes as good as it should be? a result of an audit on the care of women with gestational diabetes

## Abstract

Gestational diabetes (GDM) is the most common medical disorder in pregnancy.<sup>1</sup> Pregnant women with this condition and their babies have increased risks in the antenatal, intrapartum and post-natal period and it also an impact on long term health.<sup>2</sup> It is important to use a multi-disciplinary approach when caring for these patients to ensure the best outcomes.<sup>3</sup>

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## Background

GDM affects 2-5% of pregnant women.<sup>3</sup> Some risk factors for GDM include BMI > 30kg/m<sup>2</sup>, previous gestational diabetes, family history of diabetes (first-degree relative with diabetes), family origin with a high prevalence of diabetes: South Asian, Black Caribbean, Middle Eastern and previous macrosomic baby weighing 4.5kg or more.<sup>2,3</sup> There are also many complications of GDM including recurrent Urinary Tract Infections, pyelonephritis, pre eclampsia, polyhydramnios, placental abruption, preterm labour, increased risk of C/S and IOL, post partum haemorrhage, macrosomia; shoulder dystocia, neonatal hypoglycemia, respiratory distress and still birth.<sup>1,2</sup> There is also a risk of mum and baby developing type 2 diabetes.<sup>4</sup> It is therefore important to optimise the care of women with diabetes in pregnancy. This audit aims to highlight how well the unit is performing with the care of pregnant women with GDM against the National Institute of Clinical Excellence (NICE) guidelines and local trust guidelines.

## Methodology

All deliveries between a six month periods were retrospectively analysed. There were a total of 3411 deliveries (3442 babies). The total number of women with diabetes was 101. 45 had pre existing diabetes and 56 (1.6%) had GDM. 34 of those notes were analysed.

## Results

The audit shows that in 55% of cases there was one clinical indication for performing a Glucose Tolerance Test. In 30% of cases, there were two indications and in 15% there were three indications. The most common indication for performing a GTT was family history and ethnic background. 67% of patients had a BMI of less than 30, 17% between 30 and 35, and 16% BMI more than 35. 43% of women were managed with dietary advice, 30% with insulin, 17% with metformin, 10% with metformin and insulin. As part of the antenatal care, 50% had 4 growth scans in pregnancy, the minimum number of growth scans offered was 2 and the maximum was 7 scans to assess fetal wellbeing. 47% had IOL. 15% had assisted vaginal delivery. In labour, 69% were not given a sliding scale, 31% had a sliding scale. There was an overall complication rate of 53% some

of which include polyhydramnios, prolonged second stage, second degree tear, pre-eclampsia, retained placenta, placental abruption, post partum haemorrhage, and emergency caesarean section. There was no case of still birth, shoulder dystocia or third or fourth degree perineal tear. Incidence of NICU admission was 10%.

## Conclusion

The care of pregnant women with GDM is an important aspect of delivering good quality antenatal care as these women are a high risk group. With the many complications of GDM, it is vital to have a good multidisciplinary team approach to ensure that their care from conception to the post delivery period is well delivered. The results of the audit show that our unit is meeting most of the targets outlined by NICE and local policies. An area for improvement is to ensure that the proformas for GDM are used more consistently, and that women get referred for glucose tolerance testing 6 weeks post delivery as per guidelines.

## Acknowledgements

None.

## Conflict of interest

The authors declare that they have no conflict of interest.

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