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A service evaluation into the differences in testing and management of Gestational Diabetes Mellitus in England



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L Bird, S Iqbal, R Spencer

Objective

To explore whether and in what way local Gestational Diabetes Mellitus (GDM) guidelines in England differed between themselves and from NICE guidance

Results

Guidelines were reviewed from 13 Trusts across ten counties. All included the NICE recommendations for GDM testing and management.

Antenatal care: 4/13 did not specify further support unless there was poor glycaemic control; 1/13 offered contact details for a specialist nurse; 7/13 organised appointments with either a specialist nurse or an MDT. Only one hospital specified counselling with a specialist at 36 weeks pregnancy to discuss a birth plan.

Deivery: recommendations varied for maximum gestation before induction (37+0 - 40+6 weeks), maternal blood sugar testing in labour, and treatment plans during and after birth.

Postnatal: some hospitals arranged annual HbA1c while others simply recommend it

Table: Comparison of indications for GDM testing.
AC=abdominal circumference, EFW=estimated fetal weight, OGTT=oral glucose tolerance test, PCOS=polycystic ovarian syndrome, poly=polyhydramnios on ultrasound.

Methods

Design: Qualitative observational comparison of local hospital GDM guidelines. Local guidelines were requested via email from 62 English hospital Trusts with follow-up emails to non-responders. Guidelines were compared on key aspects of diagnosis, antenatal and intrapartum management and long-term diabetes testing.

Conclusion

Further research would be needed to see what effect variation in local guidelines has on the diagnosis and treatment of GDM in local populations

| Hospital name | OGTT gestation (weeks) | | OGTT Indications in addition to NICE indications | | | Later Screening for OGTT | | | | Specific guidance for bariatric surgery |
|-----------------------------|------------------------|--------------|--|---------------------------------|--|--------------------------|------|------------|-------|---|
| | Standard | Previous GDM | PCOS | Previous unexplained stillbirth | Other | AC | Poly | Glycosuria | EFW | |
| Airedale | 24-28 | 16-18 | Yes | No | Focus on late onset GDM in South Asian women | | Yes | Yes | | HbA1c not OGTT - no specialist plan |
| Bristol & Weston | 28 | Dating scan | Considered | Considered | Considered if multiple pregnancy | >95th | Yes | Yes | >95th | |
| Derby & Burton | 24-28 | Dating scan | Yes | Yes | On glucocorticoids / anti-psychotic medication | >97th | Yes | Yes | >90th | |
| Dartford & Gravesham | 28 | 16 | No | No | | | | Yes | | |
| East Sussex | 28 | | Yes | No | SMBG offered if exceptional circumstances | | Yes | Yes | | |
| Harrogate | 24-28 | Dating scan | Yes | No | Previous IUD, on antipsychotic medication | >95th | Yes | Yes | | |
| Leeds | 24-28 | Dating scan | Yes | Yes | | >95th | Yes | Yes | >90th | No OGTT - specialist plan |
| Maidstone & Tunbridge Wells | 28 | 16 | No | Yes | On antipsychotic medication | | Yes | Yes | >90th | |
| North WestAnglia | 28 | 16 | Yes | No | PCOS using metformin | | Yes | Yes | | No OGTT - specialist screening plan |
| Plymouth | 24-28 | 12 | Yes | No | Conceived with Clomiphene | >95th | Yes | Yes | | |
| Sheffield | 24-28 | Dating scan | Yes | Yes | Previous shoulder dystocia, age 40 or above | >90th | Yes | Yes | >90th | |
| Somerset | 26 | Dating scan | No | Yes | On anti-psychotic medication | >97th | Yes | Yes | | |
| Southport & Omskirk | 24-28 | 16-18 | Yes | Yes | On anti-psychotic medication, any previous IUD | >95th | Yes | Yes | | No OGTT - no specialist plan |