

KEY MESSAGES

Current practice among general practitioners for follow up care of women with prior GDM (extended to 12 months postpartum) including current knowledge and use of GDM evidenced based guidelines.

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Policy context

Gestational Diabetes Mellitus (GDM) is a common pregnancy complication affecting 10-13% of pregnant women. GDM is a strong predictor of type 2 diabetes mellitus (T2DM) which is presently the second highest contributor to the Australian burden of disease and poses an enormous economic burden. Women with a history of GDM are also at greater risk of a recurrence of GDM, cardiovascular disease and metabolic syndrome. A general practitioner (GP) has a key role in providing postpartum and long-term preventative health care. What informs and the extent to which preventative health practices for women with GDM are integrated into postpartum GP visits is unknown. Our study used GP surveys and patient chart audits to examine this gap in knowledge.

Key messages

- > Southern Queensland GPs have excellent knowledge of the timing and practices around ordering follow-up Oral Glucose Tolerance Test (OGTT) for women with prior GDM, consistent with best practice guidelines. (OGTT between 6-12 weeks postpartum)
- > A wide range of guidelines and sources informs follow up care of women. There is no one comprehensive Australian guideline. GPs most frequently identified the maternity hospital with which they collaborate as their main source of guidance.
- > Chart audits demonstrated that GPs are knowledgeable of the guidelines for timing and type of diabetes test and this translated into practice.
- > Other preventative health screening and advice for postpartum women was less consistent. GPs are more likely to regularly check contraception, blood pressure and infant feeding practices. However, screening for mental health status, diet and exercise are discussed less frequently.
- > Eighty-three percent of GPs surveyed used reminder systems to monitor postpartum women with prior GDM, although all used record systems with the capacity to set up reminders.
- > Implementation of a comprehensive coordinated systems approach to the preventative health care of these at risk women is needed.
- > Additionally the development of one comprehensive Australia wide guideline for the detection and management of GDM and T2DM prevention developed in partnership with key stakeholders and adopted by professional groups is recommended.

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