

POLICY OPTIONS

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. It is the strongest single population predictor of type 2 diabetes mellitus (T2DM). GDM and T2DM are important and escalating problems worldwide. T2DM is presently the second highest contributor to the Australian burden of disease and poses an enormous economic burden projected to increase to almost A\$7billion by 2033. Women with a history of GDM are also at greater risk of a recurrence of GDM, cardiovascular disease and metabolic syndrome. Poor health outcomes also extend to offspring of mothers with GDM due to increased risk of obesity and abnormal glucose metabolism during childhood, adolescence and adulthood.

A general practitioner (GP) has a key role in providing postpartum and long-term preventative health care to these at risk women. While appropriate care and preventative health approaches following childbirth provides an opportunity to improve health outcomes for mothers and infants, there are few comprehensive, evidence-based guidelines available. Women who have had GDM, and their infants, are even more likely to benefit from proactive care during this period and a number of guidelines cater to this group. For example, Australian Diabetes in Pregnancy Society (ADIPS) guidelines (current at the time of study) recommended an oral glucose tolerance test (OGTT) within 6 – 8 weeks (now 6-12 weeks) of birth for women who had GDM. This test is important for identifying those women who have developed T2DM or have abnormal glucose tolerance so that early management can be commenced. The extent to which these guidelines are integrated into postpartum GP visits is not known but some studies suggest diabetes testing is sub optimal. Self-report surveys of women with prior GDM indicated approximately half return for OGTTs but only a quarter in the recommended time period.

International guidelines also highlight the importance of lifestyle modification, breastfeeding, contraception and risk counselling to improve health outcomes for these women and their infants

In the Australian context, beyond the timing of testing regimes, recommendations regarding lifestyle interventions to prevent T2DM progression are absent in Australian Diabetes in Pregnancy (ADIPS) guidelines. However, the Diabetes Australia/Royal Australian College of General Practitioners (RACGP) *Diabetes Management in General Practice* and *The guidelines for preventive activities in general practice* (the 'red book') outline diabetes management and dietary advice for diagnosed cases of T2DM in general practice and for diabetes prevention.

What informs and the extent to which preventative health practices are consistently integrated into postpartum GP visits in Queensland is unknown. This study aimed to evaluate GPs awareness, perceived knowledge, and use of GDM guidelines, and to determine the extent to which care within the first 12 months postpartum is delivered according to guidelines.

Policy options

While GPs are knowledgeable and provide follow up care according to best practice guidelines for postpartum diabetes screening in women with prior GDM, there was less consistent adherence to other preventative health care measures. Women's compliance and engagement with their primary care provider also appears suboptimal.

We recommend:

- > 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. The guideline needs to be consistent with the evidence for diabetes prevention.
- > Implementation of a comprehensive coordinated systems approach using a chronic care framework to facilitate the preventative health care of these at risk women. System based approaches can improve the process of care and patient health outcomes. Additional recommendations pertaining to a systems approach include:
 - > Exploration of how to improve the useability and timeliness of hospital discharge summaries as GPs regard these as one of their main sources of guidance. Strengthening the discharge communication process will also assist the satisfactory transition from hospital to primary care. Good communication and a clear pathway of care are prerequisites to optimal care and loss to follow up.
 - > Encouragement and incentives for GP practices to develop the capability of their electronic medical record and information management software programs to better manage and proactively follow up women. Increased use of reminder and decision support systems has potential to increase a women's engagement with her GP and improve the process of care.
 - > Consistent reminders, education and support for women to facilitate timely diabetes testing.
 - > Expansion of Diabetes Australia's Gestational Diabetes Register within the National Diabetes Scheme (currently a reminder database) to facilitate effective connection of women with a history of GDM with systematically delivered lifestyle advice and follow up testing delivered with clinical guidelines for GPs.
 - > Further research to identify locally relevant barriers and enablers that facilitate the implementation of clinical guidelines. These findings could then inform the development a targeted approach to translate guidelines into practice to complement the systems approach to care. Awareness and dissemination of guidelines alone does not change practice.

Key findings

GENERAL PRACTITIONERS AWARENESS AND KNOWLEDGE OF GUIDELINES

- > Southern Queensland GPs have excellent knowledge of the timing and practices around ordering follow-up Oral Glucose Tolerance Test (OGTT) for women with a history of GDM consistent with best practice guidelines. (OGTT between 6-12 weeks postpartum)
- > Follow up care of women appears to be informed by a wide range of guidelines and sources. There is no one comprehensive Australian guideline. GPs most frequently identified the maternity hospital with which they collaborate as their main source of guidance. This was followed by medical professional bodies/college (see Table 1).

EXTENT OF DELIVERY OF FOLLOW UP CARE ACCORDING TO GUIDELINES

- > Patient chart audits demonstrated that GPs are knowledgeable of the guidelines for timing and type of diabetes test and this is translated into practice. All women were offered T2DM screening either by their GP or the hospital.
- > Women's compliance with testing appears suboptimal as only half the women had their OGTT between 6-12 weeks and 20% had their test before 6 weeks or after 12 weeks. Over a quarter did not have a test result recorded in their chart.
- > GP adherence to other preventative health screening and advice was less consistent. The chart audit showed that blood pressure, contraception and infant feeding practices are more likely to be checked. However, weight, screening for mental health status, diet and exercise are checked and discussed less frequently.
- > Women generally present to their GP for another issue rather than a post GDM check-up. Consequently, the discussion about preventative health measures is often overlooked in the context of limited consulting time and the current remuneration system.

REMINDER SYSTEMS

- > Reminder systems to monitor postpartum women with prior GDM were used by 83% of GPs surveyed, although all used record systems that had the capacity to set up reminders and recalls. Of those who used a reminder system all but one indicated that it worked well.
- > Barriers to reminder systems working well included patient non-compliance/ patient choice as to whether to attend follow up appointments.

Methods

This study involved a cross-sectional survey of Southern Queensland GPs (Postpartum Care in General Practice Survey) and a survey and retrospective chart audit of GPs who shared maternity care in South East Queensland (GP Survey and Chart Audit). The cross-sectional survey incorporated GPs from Metro North Brisbane Medicare Local, Darling Downs South West Queensland Medicare Local, practices in Hervey Bay, and The University of Queensland teaching practices not attached to the rural clinical school. The survey and retrospective chart audit included GPs who participated in a shared care arrangement with a South East Queensland maternity hospital and their patient records for women who were provided with maternity shared-care between July 2011 and June 2012. Data collection occurred throughout 2013.

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