

KEY MESSAGES

Telephone-based MAGDA in postpartum women with a prior history of gestational diabetes

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Policy context

DIABETES PREVENTION IN POST GESTATIONAL DIABETES WOMEN

Change at a microsystem level

Prevention of type 2 diabetes (T2DM) was the single initiative under the National Chronic Disease Strategy to be signed off by the Council of Australian Governments in April 2007. T2DM is currently the second highest contributor to the Australian burden of disease. It is projected that by 2023 T2DM will pose an economic burden of A\$7 billion. With appropriate lifestyle change T2DM is a preventable disease. Lifestyle intervention has been shown to prevent T2DM in high-risk populations. Gestational diabetes mellitus (GDM) is a strong predictor T2DM. The greatest increase in the incidence of T2DM following GDM occurs within the first five years, with up to 50% of women with prior GDM developing T2DM within this timeframe. Ten to 13% of all pregnancies in Australia are complicated by GDM. As a patient group with known high risk of developing T2DM, postpartum women with prior GDM represent an enormous opportunity for the health system to intervene and to prevent the development of diabetes, in both the mothers and the family as a whole.

Key messages

- > Diabetes is a growing public health concern in Australia and worldwide.
- > Gestational diabetes (GDM) significantly increases the risk of developing diabetes. Women with GDM and their families represent an important target group for diabetes prevention.
- > With lifestyle intervention, diabetes can be prevented.
- > Victoria has led the way with the group-based diabetes prevention program, Life!
- > The Life program is not tailored for postnatal women.
- > The NHMRC-funded Mothers after Gestational Diabetes in Australia program is looking at the effectiveness and cost effectiveness of a group based intervention for postnatal woman who are hard to engage
- > Telephone-based intervention may be a cost-effective means to reach these women in their own homes.

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