

A RETROSPECTIVE COHORT STUDY OF PATIENTS WITH DIABETES IN PREGNANCY, INVESTIGATING DELIVERY OUTCOMES AND FOLLOW UP

Sasini Wijayarathna¹, Faye Clark¹, David Simmons², Brandon Orr-Walker³, John Baker³.

*Diabetes Projects Trust*¹, *Cambridge University Hospital*², *Counties Manukau District Health Board*³.

The higher rates of diabetes in pregnancy in the Counties Manukau District Health Board (CMDHB) area is in accordance with increased prevalence of common risk factors. Women who are identified during antenatal screening and referred to the Diabetes in Pregnancy Clinic are a heterogeneous group including diagnosed Gestational Diabetes Mellitus (GDM), type 1 and type 2 diabetes. Treatment aims to decrease complications including macrosomia, shoulder dystocia, and neonatal hypoglycemia. Post-delivery, patients with GDM have their treatment stopped and at 6 weeks undergo a glucose tolerance test (GTT) to ensure GDM resolution. Many perceive this as the end of their disease process, when in fact they have a higher risk of developing type 2 diabetes, a disease that is already rampant in CMDHB.

Objective: To evaluate the management and follow up of a group of women with diabetes in pregnancy in CMDHB.

Aim: 1) identify then review progress of clinic attendees during 2006, 2) examine delivery complications, 3) evaluate follow-up received over 4 years.

Methods: The cohort of 378 was identified using CMDHB database Casemix. The highest HbA_{1c} during pregnancy, 6 week GTT, and yearly HbA_{1c} was obtained from CMDHB results database. Delivery details obtained through Healthware maternity database and NHIS (MOH) databases identify GP attendance, hospitalisations, prescriptions medicines, and mortality. GP contact for missing information.

Results: HbA_{1c} and 6 week GTT data have so far been collected for 109 women with complete data, this is ongoing. 65 patients so far had GDM and 58% of this subgroup had no post-delivery GTT recorded. 40% have had a new diagnosis of type 2 diabetes post-delivery. Delivery and 4 year followup data is still being compiled.

Conclusions: From preliminary analysis of this limited sample low rates of appropriate followup for women with GDM are potential cause for concern, particularly with high likelihood of type 2 diabetes conversion.