



Diabetes screening in pregnancy failing women in rural WA: OGTT screening audit

What do we already know?

Gestational diabetes mellitus (GDM) means high blood sugar in pregnancy. It causes problems in pregnancy and childbirth, like big babies and complicated births. The mums and babies are more likely to have Type 2 Diabetes later as well. The amount of GDM is increasing in Australia, and it is important to screen and detect GDM as early as possible so that it can be treated. The recommended screening test is a two hour fasted oral glucose tolerance test (OGTT) also known as the sugar drink test. Previous research has shown that it can be difficult to get everyone to do this test.

The **ORCHID Study** (Optimisation of Rural Clinical and Haematological Indicators of Diabetes) is looking to simplify screening for GDM in rural WA. This is the first of a series of papers from this study. More results will come out in 2019.

What does this research show?

We wanted to look at OGTT testing in rural WA and see if alternative tests were used to screen for GDM before the ORCHID Study started. We looked at the antenatal records of 551 pregnant women 16 years and older without pre-existing diabetes delivered in 2013. This was from across WA including many sites from the southern regions, the Goldfields and the northern Kimberley region. We also looked at the results for Aboriginal women and non-Aboriginal women:

- We found that only half the women were getting the OGTT done. It is meant to be all of them.
- Some women had different sorts of blood sugar testing done.
- Aboriginal women were less likely to have the OGTT done but more likely to have other blood sugar tests done.
- One fifth of rural WA women had no blood sugar testing done.

In those women who had an OGTT done 15% or one in seven had GDM. At the time of this study the average rate of GDM for the whole of WA was half that of our study group, or 7%. This is important because:

- It means rural WA women are more likely to get GDM.
- We are only testing half of these women properly, so many more cases of GDM are being missed.
- This is a problem for the future health of these women and for their babies.

We don't know why the testing is not given to all the pregnant women. Some reasons might include:

- Clinicians are not asking the women to have the test.
- Some women find it too hard to do the test due to travel and family commitments.
- Some women find the test too hard to do because it makes them sick.

Future research

We think this is an important finding. Possible solutions to the problem of not testing for GDM include:

- Better education for clinicians and patients about the importance of being tested for GDM.
- Find a new test which is easier to give to the pregnant women.

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If you have any questions or comments please direct them to Dr Andrew Kirke by email (andrew.kirke@rcswa.edu.au) or phone (08) 9722 0510.