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The impact of the IADPSG guidelines for gestational diabetes mellitus on a secondary hospital population

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Background: In 2015 the Australian criterion for diagnosing gestational diabetes mellitus (GDM) was changed to mirror the internationally applied IADPSG criterion. Research has predicted this would increase the incidence of GDM due to the lower fasting threshold and a new 1-hour diagnostic value.

Aims: To quantify the impact of the IADPSG guideline on the incidence of GDM at a secondary hospital in Australia. It was hypothesised that the incidence of GDM would increase with no associated difference in maternal or foetal outcomes.

Materials and Methods: Only women with well-controlled GDM continue their pregnancy at this Secondary Hospital, with those uncontrolled or requiring insulin referred to a Tertiary Hospital. All births between January-June 2015 (n=899) and 2016 (n=925) were included in the study. Pregnancies with GDM in 2015, under the previous criteria

(n=71) and those in 2016, under the IADPSG criteria (n=56) were identified. Routine clinical data including blood glucose results, maternal and foetal outcomes were analysed.

Results: After applying the IADPSG criteria at RGH, the incidence of GDM decreased from 7.90% to 6.05%, a 23% relative decrease that was not statistically significant. In the same period in 2016 the referring Tertiary Hospital had a significantly higher incidence of 23% (X2=116.92, p<0.01). There was no significant difference in maternal or foetal outcomes under the IADPSG guideline.

Conclusion: In a Secondary Hospital, the IADPSG criterion has not increased the incidence of GDM as expected. Literature on the new incidence of GDM is lacking and more data is required to quantify the effect of the IADPSG guideline in Australia.

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