

The Trinidad and Tobago Medical Association in conjunction with The UWI Faculty of Medical Sciences & The Gynecological and Obstetrical Society of T&T

26th January, 2014

GDM SCREENING – WHERE ARE WE NOW?

DEFINITION

Gestational diabetes is carbohydrate intolerance resulting in **hyperglycaemia** with **onset or first recognition** during **pregnancy**

GDM

• IS IT **IMPORTANT**?

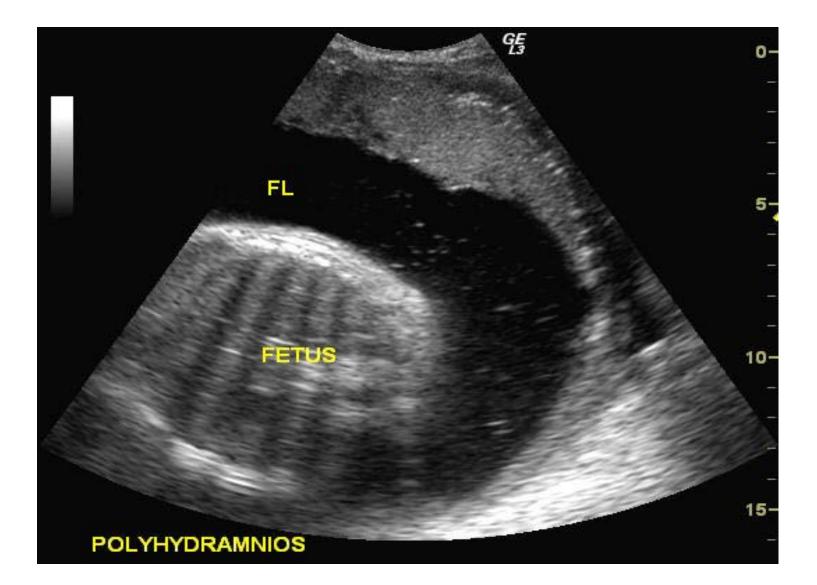
• HOW TO **DIAGNOSE** ACCURATELY

• HOW TO **TREAT** EFFECTIVELY

• HOW TO **PREVENT** SUCCESSFULLY







WHY IS IT IMPORTANT?

MATERNAL

FETAL

- PRE-ECLAMPSIA
- EXACERBATION OF
 MEDICAL
 COMPLICATIONS
- OBSTRUCTED LABOUR
- CAESAREAN DELIVERY
- FUTURE DIABETES WITH CVS COMPLICATIONS

- MACROSOMIA
- BIRTH TRAUMA
- PERINATAL MORBIDITY
- PERINATAL MORTALITY

HOW DO WE DIAGNOSE?

• SCREENING

-RISK FACTORS

- PLASMA GLUCOSE TESTS

SCREENING RISK FACTORS

- BMI > 30 kg/m2
- previous macrosomic baby weighing \geq 4.5 kg
- previous gestational diabetes
- family history of diabetes (1st degree relative)
- family origin (South Asian, Black Caribbean Middle Eastern)

NICE Guidelines

SCREENING -PLASMA GLUCOSE MEASUREMENT

• Multitude of tests

• Multitude of recommendations

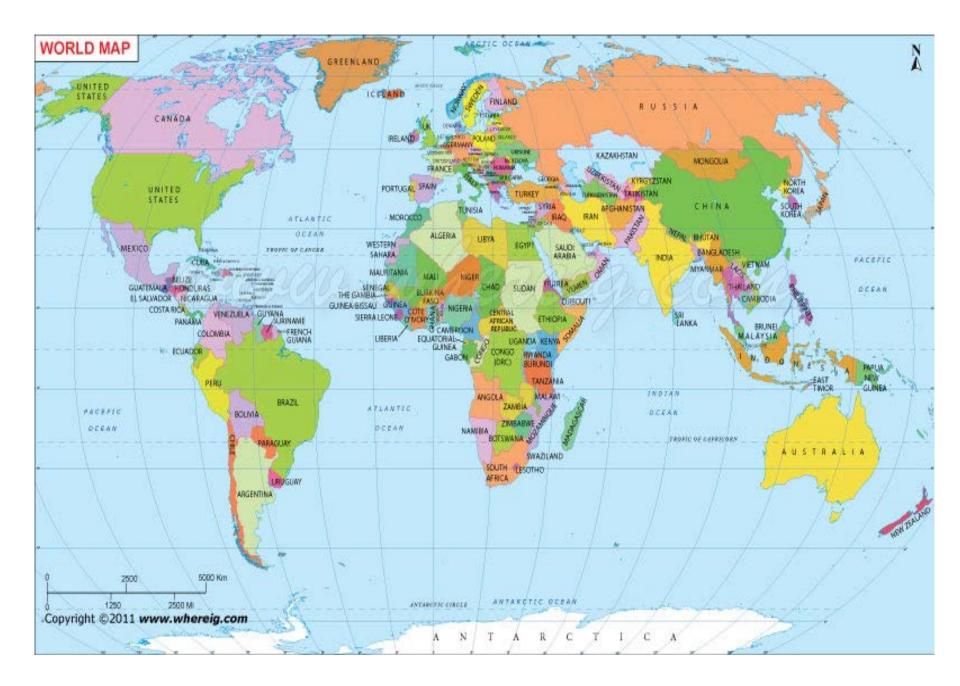
SCREENING

Multitude of tests

Multitude of recommendations

- FPG
- 75 G O'Sullivan's
- 3 Hr OGTT
- 2Hr OGTT
- OGTT 100G
- OGTT 75G

- WHO 1999; 2013
- ACOG
- CDA
- ADA
- IADPSG
- Et al.....



The **urgent need** for universally applicable simple screening procedures and diagnostic criteria for gestational diabetes mellitus – lessons from projects funded by the World Diabetes Foundation

K Nielsen, M.de Courten, A. Kapur Glob Health Action. 2012; 5: 10.3402

HEALTH SYSTEM BARRIERS

- Lack of trained healthcare providers
- High staff turnover
- Lack of standard protocols
- Lack of consumables and equipment
- Lack of or poor referral systems, feedback mechanisms and follow up systems



GDM SCREENING

• WHERE ARE WE NOW?



HOW TO ESCAPE?



HOW TO ESCAPE?

- PRE PREGNANCY IDENTIFICATION
- PRE-PREGNANCY MEASURES
- SELECTIVE OR UNIVERSAL SCREENING
- 1 STEP OR 2-STEP TESTING
- WHICH TEST?

Prepregnancy Overweight and Obesity

The Relative Contribution of Prepregnancy Overweight and Obesity, Gestational Weight Gain, and IADPSG-Defined Gestational Diabetes Mellitus to Fetal Overgrowth

M.Black, D. Sacks, A. Xiang, J. Lawrence Diabetes Care. 2013;36(1):56-62.



TREAT EFFECTIVELY

- COUNSELLING - LIFESTYLE CHANGES
- ORAL MEDICATIONS
- INSULIN
- CO-MANAGEMENT NEPH/OPHTH/ENDOCRIN/ SOCIAL WORKER

TREAT EFFECTIVELY

- ANOMALY SCAN 20 WEEKS
- HOME GLUCOSE MONITIORING
- T3 SCANS A.FLUID / FETAL GROWTH
- DELIVERY 38 WEEKS
- SENIOR STAFF (OBS/MIDWIFE/PAEDS)

PREVENT SUCCESSFULLY

• POST – PARTUM CARE

• LONG TERM FOLLOW UP



