

National Standardised Protocol for Screening of GDM



Building Consensus & Overcoming Barriers: A Public Health Perspective

**Siara Teelucksingh
MBBS**

The Root Problem

National Standardised Screening Protocol

***New Initiative**

***New Policy**

***Process**

***Getting everyone on board - Building Consensus**

***Involvement from Conception to Delivery**

***Overcoming Barriers**

Effects of Maternal and Perinatal M&M on Society

***Strain on Health Delivery System**

***Strain on Productive Workforce**

***Strain on the Economy**

***Direct measure of state of development of a nation**

***Metabolic Syndrome is highly prevalent in the Caribbean**

***Up to 30% of the population may be so affected**

***At present**

***inconsistent method of screening**

***varying diagnostic tests**

***different international guidelines are followed**

***We may be missing the diagnosis in many patients**

***A Standardised National Protocol will be aimed at developing the optimal diagnostic test for our population**

National Standardised Screening Protocol

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Building Consensus



What

Consensus is a co-operative process in which people share their best ideas and come up with superior decisions that leads to the most desirable outcome



Who

Stakeholders

- *Medical Doctors
 - Obstetricians
 - Primary Care Physicians
 - Diabetic Specialists
- *Labs
- *Ministry of Health
- *Corporate Partners

Why

Foreseen Equity Effects

- How would everyone benefit?
- Equal access to care regardless of socioeconomic bracket
- Capital saved by screening can be reallocated to other needs
- Preventable Morbidity & Mortality

Effectiveness

- Cost Effective
- Early Diagnosis and Timely Management
- Primordial Screening Factor
 - Good evidence for Fetal origins of Chronic Disease
 - Fetus exposed to hostile environment of DM is more likely to express it in later life



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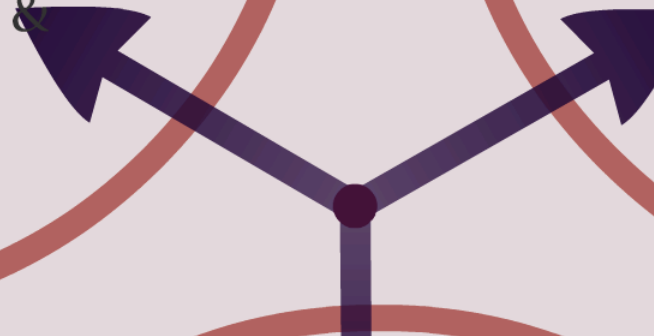
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Political Feasibility

- Huge emotional outcry in event of adverse outcome
- Social loss of child or loss of mother
- Maternal & Perinatal Mortality Rates reflect the state of development of a nation

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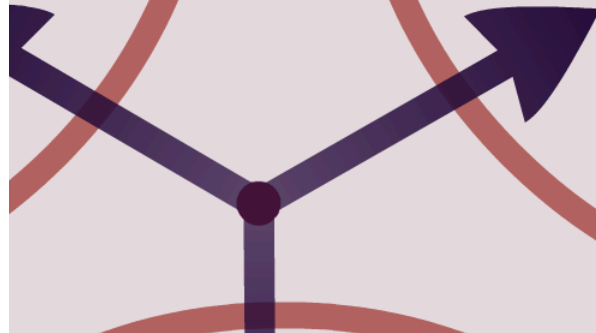
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Barriers & Solutions

Barriers

Human Resource



- Getting all Doctors on board
- May be skeptical to forsake their current practice

Funding

- Estimated Cost of OGTT/mother: TT \$50
- Estimated # of pregnancies per annum: 20,000
- Annual Cost of Screening = \$1,000,000
- Cost of treatment of Complicated Cases =

Public Awareness

- Public not aware of:
- Prevalence of Obesity and DM
- Pregnancy as a diabetogenic state
- Complications of DM
 - Especially undiagnosed or suboptimally treated DM in pregnancy

Poor Network

- Poor communication between Doctor-Lab-Patient
- Delay in Visit, Test, Result, Revisit
- Missed windows of opportunity for Treatment

Solutions

Human Resource

- High # of litigations against Obstetricians
- High Cost of Medical Insurance > TT \$200,000 / year
- Relieves individual responsibility in the event of an adverse outcome
- Follows up-to-date best practice guidelines

Funding

- Corporate funding will be sought for Pilot Study
- MoH to get on board for long term proposal

Public Awareness



- Social Marketing Strategies
- LHC and Hospital Promotion
- Lab Promotion
- Comparable to CDAP Program

Poor Network



- Better technology
- Communication between Patient-Lab-Doctor
- Facilitates Point of Care testing
- Quickly identifying diagnosed cases
- Timely Management

Barriers

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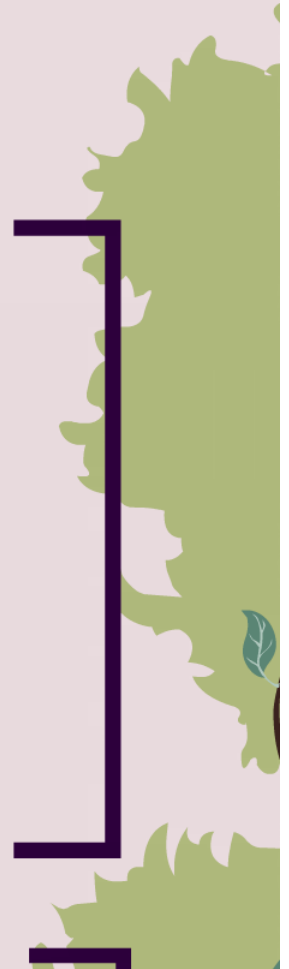


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*Implementing
a
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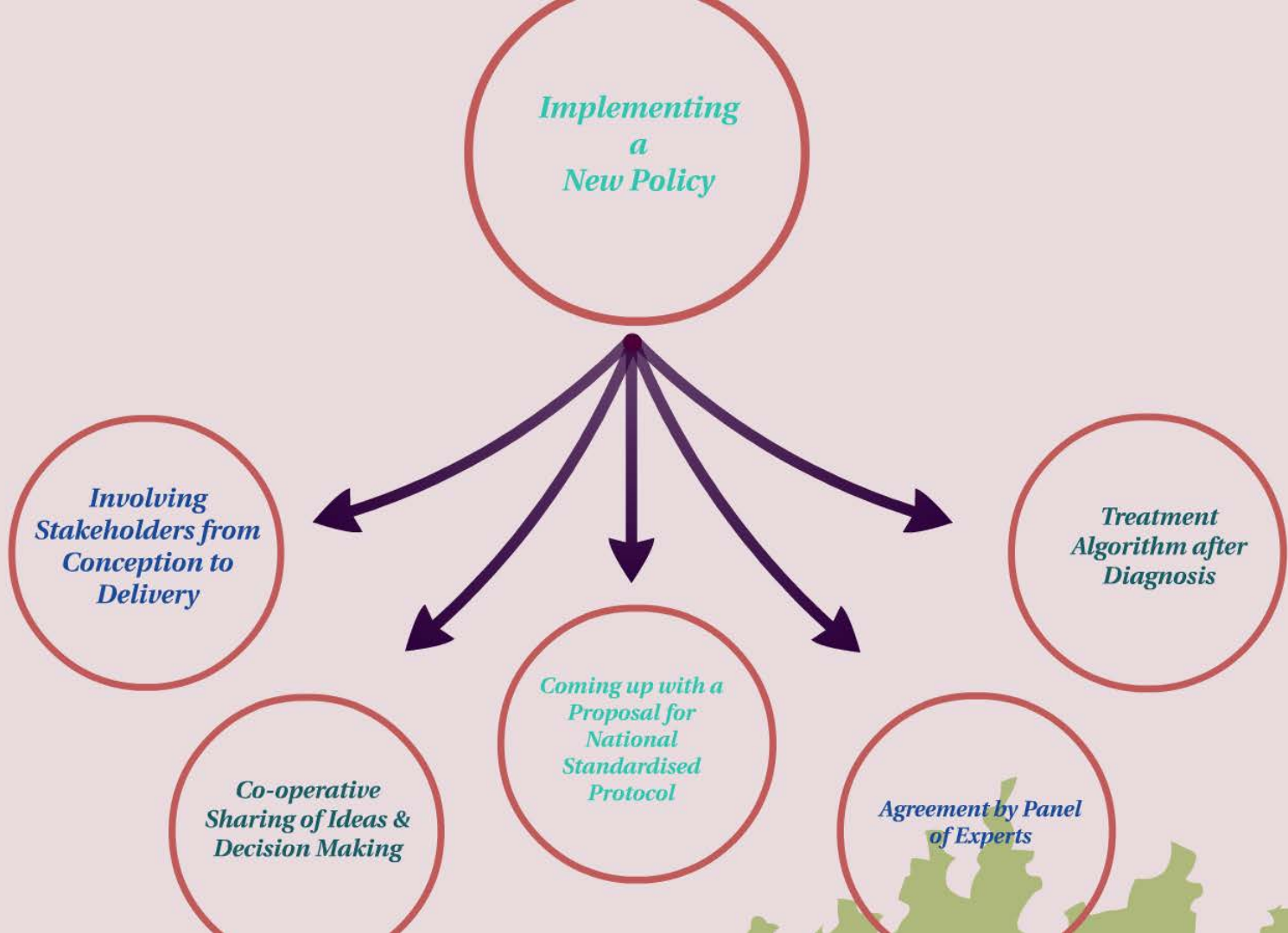
*Involving
Stakeholders from
Conception to
Delivery*

*Treatment
Algorithm after
Diagnosis*

*Co-operative
Sharing of Ideas &
Decision Making*

*Coming up with a
Proposal for
National
Standardised
Protocol*

*Agreement by Panel
of Experts*



Additional Benefits

Building a Database

- Building a comprehensive database of diagnosed cases of GDM and outcomes

Annual Review of Morbidity and Mortality

- To review effectiveness of the screening protocol

Dynamic System

- Periodic Updates
- Continuous Optimisation
- Evidence-Based

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Thank You