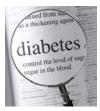


# UNIVERSAL SCREENING FOR DIABETES IN PREGNANCY ?

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#### Douens



Douens and the lost child. Sketch by Rudolph Bissessarsingh

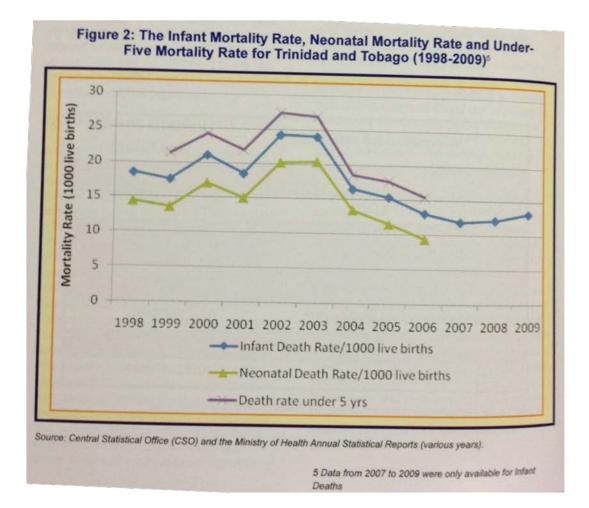
-Trinidadian Folklore

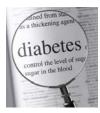
- Supernatural Elements

-Loss of Children



#### Infant Mortality Rate in T&T



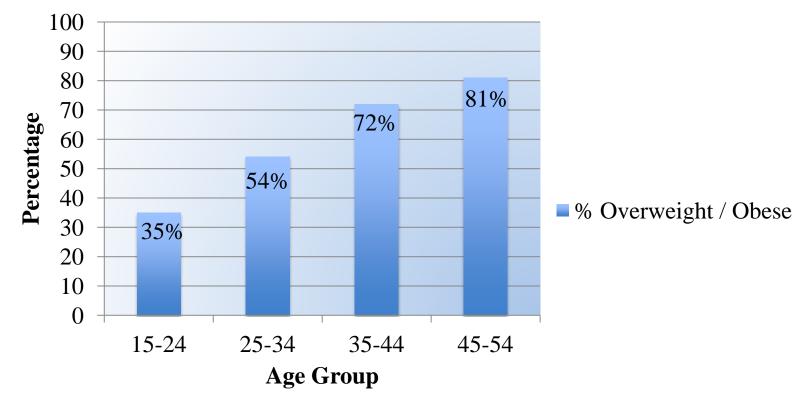






#### **OBESITY AMONG WOMEN**

% Overweight / Obese





#### The Effects of Obesity on Pregnancy

Obesity affects ovulation, decreases fertility, increases obstetric risks and is associated with poorer neonatal outcomes. Table 32.1 [13] summarises the many adverse

	Risk of Pregnancy Complications with Obesity Expressed as Odds Ratio	
Miscarriage	3.05	
Spina bifida	3.5	
Omphalocele	3.3	
Heart defects	2.0	
Gestational diabetes	3.6	
Pre-eclamptic toxaemia	2.14	
Macrosomia	2.36	
Intrauterine death	1.4	
Induction of labour	1.70	
Caesarean section	1.83	
Postpartum haemorrhage	1.39	



#### Abnormal Glucose Tolerance

#### Prevalence of Diabetes/IFG among women in Trinidad and Tobago

- 25% among those 15-24 years old
- 29% among those 25-34 years old

- STEPS 2012



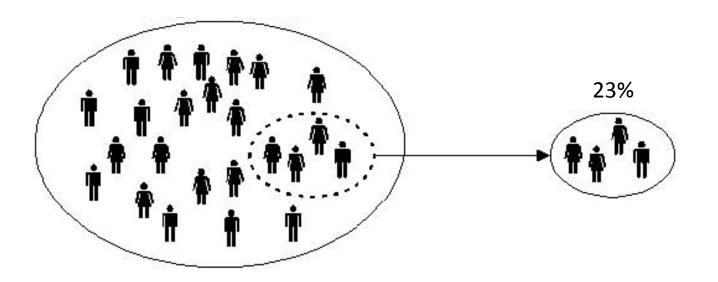
#### **Diabetic pregnancy carries the following risks:**

- X 2-fold increased risk of <u>Caesarean section</u>
- X 3-fold increased risk of trauma
- X 4-fold increased risk of <u>admission to neonatal ICU</u>
- X 8-fold increased risk of <u>fetal abnormalities</u>



#### High Background Rate of Diabetes in T&T

1,300,000 population100,000 with T2DM200,000 with prediabetes





### State of Play

- 20,000 pregnancies per annum
- 1,000 enter pregnancy with diabetes (BUT half unaware of this!)
- 3,000 develop GDM



### State of Play

- 20,000 pregnancies per annum
- 1,000 enter pregnancy with diabetes (BUT half unaware of this!)
- 3,000 develop GDM
- COMMONEST MEDICAL CONDITION COMPLICATING
  PREGNANCY
- NO STANDARD APPROACH (at best, ad hoc)



#### To Screen or Not to Screen

#### CASE FOR:

- High background prevalence of diabetes
- High background prevalence of obesity
- Unexplained high neonatal mortality probably linked to BOTH
- MISSED GESTATIONAL DIABETES?
- ONLY QUESTION: Which test?



#### What is recommended elsewhere?

- ACOG-universal screening: 2 Step
- ADA-universal screening: 1 Step
- AAFP-universal screening but no recommendation
- Endocrine Society-universal screening but no recommendation



### What test?

- 50 g GCT Non-fasting
- FBS
- HbA1c
- Risk factor screening e.g. age, BMI, previous GDM etc
- Urinalysis
- GTT, if so, 75g or 100g? And if so, 2h or 3h?



#### One Step or Two Step?

- ONE STEP- GTT
- 2-STEP: glucose challenge followed by GTT



#### What Standard?

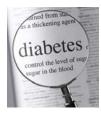
- NDDG e.g. FBS 105
- Carpenter-Coustan e.g. FBS 95
- IADPSG e.g. FBS 92



#### C-C versus IADPSG

	C-C	IADPSG
FBS	95	92
1 hour	180	180
2 hour	155	153

## Important difference: IADPSG requires only 1 to be abnormal!



#### Outcomes

- QUALITY
- UNIVERSAL ACCESS
- MULTISECTORAL
- COMPREHENSIVE SCREENING
- FULFILL MANDATES OF MILLENNIUM DEVELOPMENT GOALS as well as DECLARATION OF POS



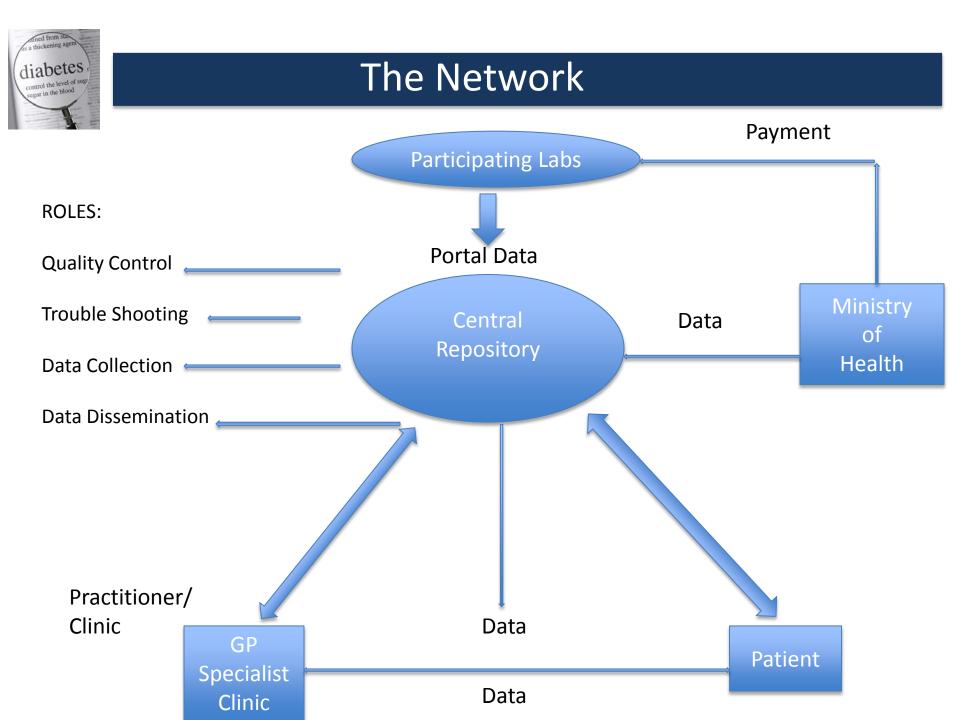
#### Evidence Base for GDM Screening

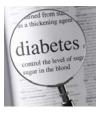
- <u>CERTAINTY</u> at least "B"
- <u>BENEFIT</u> at least *moderate*
- <u>RISK</u> at worst *minimal*



#### Timing

- High Background Diabetes Rate makes it essential to exclude PRE-GESTATIONAL diabetes
- Important to screen at FIRST ante-natal visit
- Repeat ROUTINE screening at 24-28 weeks





# WE AGREE.

#### Diabetes

We see a world where AIDS will stop stealing our friends. Threatening our employees. And harming newborn babies. From San Francisco to West Africa, Diabetes AIDS attacks us where we work and live. At Chevron, we've fought back with testing, education, care, and support. Our employees and partners are working side by side to end mother-to-child transmission. And we're winning. Diabetes In Nigeria, where the grip of Hiv is fierce, our children haven't had a reported case in 12 years. Diabetes AIDS is strong. But, together, we are stronger. Lend your voice at Diabetes chevron.com/aids #aidswilllose

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Human Energy