

Coventry and Warwickshire VTS, CRN West Midlands and Warwick Medical School  
**‘Primary Care Research and Audit in Coventry and Warwickshire’**  
 11<sup>th</sup> July 2019

**Abstract Submission Form - Closing date 29th April 2019**

<b>PRESENTER’S DETAILS</b>		
<b>Title</b> Miss	<b>First Name</b> Ciara	<b>Surname</b> Doyle
<b>Place of work/study</b> Warwick Medical School		
<b>PRESENTATION DETAILS</b> (total max 250 words - not including title)		
<b>Co-Authors</b> Jack Durrant	<b>Title of Study</b> Postnatal gestational diabetes follow-up: a primary care audit	
<b>What’s the problem you are tackling? (Background)</b>  Gestational diabetes mellitus (GDM) is defined as high blood glucose levels during pregnancy. While most cases of gestational diabetes resolve after birth, the risk of further diabetes development is high and the risk of developing GDM in future pregnancies is between 30% and 84%.  NICE state that up to 50% of women diagnosed with GDM will develop T2DM within 5 years of birth. Diabetes costs the NHS £10 billion a year, flagging the importance of monitoring the potential development of diabetes in these patients which can be otherwise preventable. This audit was based in a primary care setting in an area of high deprivation and ethnical variety, and was conducted to identify if health services in such areas may not be in keeping with national averages.  With the NHS forever updating its ways to keep up with the increasing population demands along with our developing expectations of care, follow up appointments can unfortunately be often overlooked, especially when health burdens aren’t seen as immediately severe. Our project looks in to if enough if being done to follow up postpartum women who are at risk of developing diabetes.		

### **How did/will you do it? (Method)**

A retrospective data review was conducted to review all GDM diagnosed patients within the GP surgery who are diagnosed after the updated guideline date of 2008.

Inclusion criteria: all women with gestational diabetes confirmed via venous blood sample during pregnancy, regardless of the outcome of the pregnancy.

Exclusion criteria: women with previously diagnosed diabetes and women with an unknown past medical history unknown.

Patients meeting the diagnostic criteria of gestational diabetes (n=26) were reviewed within the primary care database and evaluated for follow up blood glucose monitoring test at 6-13 weeks postnatally and further annual follow ups.

Where guidelines were not followed, patient records were further explored for potential trends and reasoning.

### **What did you find? (Results)**

26 patients met the audit inclusion criteria. 42% (n=11) of these showed compliance with NICE guidelines (by receiving screening between 6-13 weeks). 19% (n=5) of patients received screening more than 12 months postpartum. 69% (n=18) of patients received any endocrine postpartum follow up.

### **Why does this matter? (Conclusion)**

In a time where the burden of diabetes is well known and publicized, it is disappointing that low compliance is seen in GDM patient follow up. This poor outreach to high risk patients suggests there may be a wider issue in patient primary care links to postnatal requirements, in particularly in urban, ethnically diverse areas.

With the most common reason for a lack of follow up being patient-related, outreach and communication methods postnatally are an area for review.