

Gestational diabetes and postpartum screening

Key elements from the CDA 2008 Clinical Practice Guidelines*

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Gestational diabetes: gone but not forgotten

With their newborn in their arms, women who have had gestational diabetes mellitus (GDM) may be happy to leave behind the rigour of the diabetes clinic. However, these women require regular diabetes screening as they remain at high risk for developing type 2 diabetes.

WHEN should women who have had GDM be screened for type 2 diabetes?

- **Within 6 weeks to 6 months postpartum**, with a 2 hour 75 g oral glucose tolerance test (GTT).
- **Before a future pregnancy.**
- **Every 3 years** or more often, depending on the presence of other risk factors for type 2 diabetes.

WHY focus on screening?

- As few as 25% of women who have had GDM receive appropriate postpartum screening.
- GDM increases the risk of developing type 2 diabetes later in life by up to 12 fold.
- Identifying women:
 - **With prediabetes** allows for targeted lifestyle intervention to reduce the risk for developing type 2 diabetes later in life.
 - **With type 2 diabetes** allows for targeted intervention to reduce the risk of end-organ injury and allows for optimized blood glucose control prior to any future pregnancies. Insufficiently controlled blood glucose increases the risk of congenital malformations, miscarriage and stillbirth.



Why the 2 hour GTT?

A postpartum fasting plasma glucose alone can miss up to 40% of dysglycemia

Undiagnosed or insufficiently controlled diabetes during pregnancy

increases the risk of congenital malformations, miscarriage and stillbirth

Lifestyle modification

can reduce the risk of developing type 2 diabetes by up to 60%

* The Canadian Diabetes Association 2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada can be found at www.diabetes.ca/2008cpgs.



WHO is responsible?

In each district, determine who will order the GTT and follow up on the results

Start lifestyle counselling

during pregnancy and continue postpartum

Screen women who have had GDM

for T2DM before any future pregnancies

WHO can make a difference? When and how?

All **healthcare providers** can help improve the frequency with which women who have had GDM are screened for type 2 diabetes.

• Women who have had GDM

- **During pregnancy and postpartum**, women can take charge of their own health by booking and following up on postpartum testing.

• Diabetes care team

- **At the first GDM clinic visit**: introduce the importance of postpartum testing.
- **Prior to delivery**: book the postpartum GTT and provide information about the test.
- **2 weeks before the GTT**: remind patient about the upcoming test by phone, email or post.

• Obstetrician

- **During pregnancy**: reinforce the importance of postpartum screening.
- **At the 6 week follow-up appointment**: verify that the GTT is booked, follow-up is arranged and proper use of birth control is discussed.

• Family physician

- **Within 6 months of delivery**: ensure the postpartum GTT is done and results reviewed with the patient.
- **During annual check-up**: ensure the postpartum GTT was done and results reviewed with the patient.
- **Every visit**: reinforce healthy lifestyle and ensure diabetes screening is performed pre-conception and every 3 years or more often depending on other risk factors.
- **Ensure proper use of birth control**, so pregnancies are planned and appropriate care can be provided before conception.

• Public health clinics

- **ANYTIME - during maternal visits, infant follow-up, vaccination clinics, etc.**: book GTT, follow up on the results and reinforce the importance of regular diabetes screening.

CDA 2008 Clinical Practice Guidelines chapters of interest

- Diabetes and Pregnancy (pages S168 – S180)
- Screening for Type 1 and Type 2 Diabetes (pages S14 – S16)
- Prevention of Diabetes (pages S17 – S19)

Additional resources to support women with GDM during pregnancy and postpartum can be found at www.diabetes.ca.

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Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. We are supported in our efforts by a community-based network of volunteers, members, employees, healthcare professionals, researchers and partners. By providing education and services, advocating on behalf of people with diabetes, supporting research and translating research into practical applications – we are delivering on our mission.