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<td>Authors(s)</td>
<td>O'Higgins, Amy; Dunne, F.; Lee, B.; Smith, D.; Turner, Michael</td>
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<tr>
<td>Publication date</td>
<td>2014-08</td>
</tr>
<tr>
<td>Publication information</td>
<td>Irish Medical Journal, 107 : 231-233</td>
</tr>
<tr>
<td>Publisher</td>
<td>Irish Medical Organisation</td>
</tr>
<tr>
<td>Link to online version</td>
<td><a href="http://archive.imj.ie//ViewArticleDetails.aspx?ArticleID=12744">http://archive.imj.ie//ViewArticleDetails.aspx?ArticleID=12744</a></td>
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<tr>
<td>Item record/more information</td>
<td><a href="http://hdl.handle.net/10197/9269">http://hdl.handle.net/10197/9269</a></td>
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<td>O'Higgins A et al. A national survey of implementation of guidelines for gestational diabetes mellitus. IMJ. 2014 107(8)</td>
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<td>Publisher</td>
<td>Irish Medical Journal</td>
</tr>
<tr>
<td>Journal</td>
<td>Irish Medical Journal</td>
</tr>
<tr>
<td>Downloaded</td>
<td>20-Jul-2017 11:46:24</td>
</tr>
<tr>
<td>Link to item</td>
<td><a href="http://hdl.handle.net/10147/326272">http://hdl.handle.net/10147/326272</a></td>
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A National Survey of Implementation of Guidelines for Gestational Diabetes Mellitus

Abstract:
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Introduction

The World Health Organization defines gestational diabetes mellitus (GDM) as any degree of glucose intolerance with onset or first recognition during pregnancy. GDM results in increased maternal and neonatal morbidity. Adverse maternal outcomes include pre-eclampsia, pregnancy-induced hypertension and caesarean section. In the long-term, these women are at risk of obesity throughout their childhood, and premature death from cardiovascular disease in later life. Adverse maternal outcomes include pre-eclampsia, pregnancy-induced hypertension and caesarean section. In the long-term, these women are at risk of obesity throughout their childhood, and premature death from cardiovascular disease in later life. Adverse maternal outcomes include pre-eclampsia, pregnancy-induced hypertension and caesarean section. In the long-term, these women are at risk of obesity throughout their childhood, and premature death from cardiovascular disease in later life.

In 2010, national guidelines for the management of gestational diabetes mellitus (GDM) were published by the Health Service Executive (HSE). In 2012, a questionnaire was distributed to all maternity units to survey implementation of the guidelines. All units screened women for GDM, but used different screening tests with fifteen units (79%) using the recommended 75g OGTT, three units (16%) using a 100g OGTT and one unit (5%) using a 50g glucose challenge test. Optimal outcomes have been achieved through multidisciplinary diabetes-obstetric care and this was available in all the units (47%). The prevalence of GDM varied from 2.2-7.4%. Insulin usage varied from 15-56%. Six centres (31%) had not implemented the national guidelines in full because of lack of resources. Despite national endorsement of the guidelines, significant variations remain in implementation. This may lead to differences in clinical outcomes depending on where a woman attends for obstetric care.

Methods

In Ireland the Health Services Executive (HSE) has established a number of Clinical Care Programmes to provide clinical leadership in the management of the health services. One of the responsibilities of the Programme in Obstetrics and Gynaecology is the development, dissemination and implementation of national guidelines to improve the quality of healthcare by standardising clinical practices. One of the first tasks of the Programme was to establish multidisciplinary Programme Implementation Boards in all the maternity hospitals with responsibility for the implementation of clinical guidelines. The programme, however, does not manage staffing levels or skill mix in the individual maternity units. In August 2010, the HSE published national guidelines for the management of diabetes in pregnancy. These guidelines provide guidelines on screening and management of women with gestational diabetes mellitus. These guidelines are based on the national professional bodies, including the Institute of Obstetricians and Gynaecologists. The purpose of this national audit was to examine the current implementation of guidelines for GDM in all 19 maternity units funded by the HSE.

Results

All nineteen maternity units responded to the questionnaire within four months. All units offered selective screening for GDM with three units involving the general practitioner in performing the OGTT. The OGTT was performed by a phlebotomist in eleven centres and by a midwife in eight centres. Although all units provided some form of screening, there were always differences in line with the guideline recommendations. Fifteen units (79%) used a 75g OGTT, three units (16%) used a 100g OGTT and one unit (5%) used a 50g glucose challenge test and if this was abnormal, a 100g OGTT. The OGTT was performed at routinely 24-26 weeks gestation in three units (16%), at 26-28 weeks in ten units (53%) and at 24-26 weeks in four units (21%). The prevalence of GDM was reported by sixteen units and varied from 2.2-7.4% of all pregnant women. Insulin usage was reported from five units and varied from 15-56% of GDM patients.

Discussion

Despite the endorsement of the new national guidelines on GDM by the country professional body, the Institute of Obstetricians and Gynaecologists, and by the HSE, there remains significant variation in implementation across the maternity services in the Republic of Ireland. In 2011, 74373 women were delivered in 20 maternity units with the number of women delivered per unit ranging from 1242 to 9458. Four of the units delivered over 8000 women. Of the 20 units in the country, 19 are funded by the HSE. In July 2012 a standardised questionnaire was distributed to all 19 units by the Programme Manager (BL) of the Obstetrics and Gynaecology Clinical Care Programme to audit the implementation of the national guideline.
In summary, GDM is a common pregnancy complication in Ireland. Guidelines are in place for screening, and treatment is available at a low cost, requiring only advice about diet and exercise in approximately 70% of cases. There is evidence that treatment is effective in reducing perinatal morbidity. It has been argued that the current guidelines are too broad in terms of the criteria used for selective screening, particularly using age over 40 years and BMI over 29.9 kg/m². "Cases of GDM are potentially being missed resulting in a lost opportunity to reduce adverse pregnancy outcomes. If such guidelines are also incompletely implemented then we may be increasing adverse clinical events and be missing opportunities where the health of both the woman and her baby can be improved. Although lack of resources is a barrier to implementation, we may need to review our process of care and deliver revised guidelines within finite available resources before we can be recommended for selective screening but 16% had no risk factors and would have remained undiagnosed. When applying ADA guidelines, 76% would have been recommended for selective screening but 5% would have remained undiagnosed."

References


