

Postpartum care provided to women in Primary Health Centres in remote Northern Territory communities who experienced diabetes in pregnancy – An audit of electronic health records.

Background: The postpartum period is an opportune time for preventative health care messaging and supporting women to reduce their cardiometabolic risk profile. Yet, there has been limited research into postpartum management after a pregnancy complicated by diabetes, particularly in the remote setting. We aimed to identify strengths and gaps in postpartum care for Aboriginal women, to inform the design of a complex health systems intervention to improve postpartum care.

Methods: We analysed the de-identified medical records of all women with a birth due date between 01/01/2013 and 31/12/2014 in the NT with a diagnosis of diabetes in pregnancy, and whose usual health centre was a site where the primary electronic health record was PCIS.

Key Results:

- 197 medical records were analysed in the postpartum period: 75% of women had gestational diabetes (GDM) and 20% had Type 2 diabetes (T2D) in pregnancy (5% diabetes status unclear).
- 75% of women (n =148) had documented postnatal care implemented at the remote health centre (median time to review: 12 days [IQR 6, 24]). 93% of these women were seen within 8 weeks postpartum (n =136).
- Of the 46 women with GDM who had a postpartum OGTT, 12 were diagnosed with prediabetes and 4 diagnosed with T2D. Of the 54 women with GDM who had a postpartum HbA1C, 28 were diagnosed with prediabetes and 7 diagnosed with T2D.
- Women with T2D were more likely to have a postpartum HbA1C, have their weight measured and smoking and contraception discussed and more likely to be on a healthcare plan compared to women with GDM (see table below).

Postpartum care delivered to women following diabetes in pregnancy in the 12 months postpartum, in the NT, 2013-2014 by diabetes in pregnancy type. Data are n (%).

	GDM	T2D	p value by diabetes type
<i>Number</i>	148	40	
OGTT	46 (31)	1 (2.5)	NA
HbA1C	54 (36.5)	31 (77.5)	<0.001
Women with GDM who had either an OGTT or an HbA1C	78 (52.7)	NA	NA
Women with GDM who had both an OGTT and an HbA1C	22 (14.9)	NA	NA
Weight or BMI checked	77 (52)	30 (75)	0.009
Breastfeeding discussed	92 (62.6)	21 (52.5)	0.247
Smoking discussed	50 (33.8)	26 (65)	<0.001
Contraception discussed	106 (71.6)	22 (55)	0.045
Postnatal care implemented ^a	113 (76.4)	28 (70)	0.41
Commenced health care plan postpartum ^b	62 (41.9)	33 (82.5)	<0.001

^aBest practice guidelines recommended all women postpartum to have an initial postnatal care review and a 6 week postnatal check-up. This number includes women who had either or both of these services delivered.

^bBest practice guidelines recommended women with T2D commence a chronic condition care plan and women with GDM have annual adult health checks- both of which form health care plans.

Conclusion: The majority of women had early, postnatal care implemented at the remote health centre. Among women who had GDM and postpartum glycaemic monitoring, there were high rates of pre-diabetes and diabetes diagnosed, highlighting the need for follow up of these women. Women with T2D had high rates of postpartum cardiovascular risk assessments documented, likely reflecting health professionals proactive targeting of this higher risk group. Lower rates in women with GDM may reflect a gap in awareness of risk in these women and the need for more resources and support in this area. This audit will be repeated after the implementation of a complex health systems intervention.

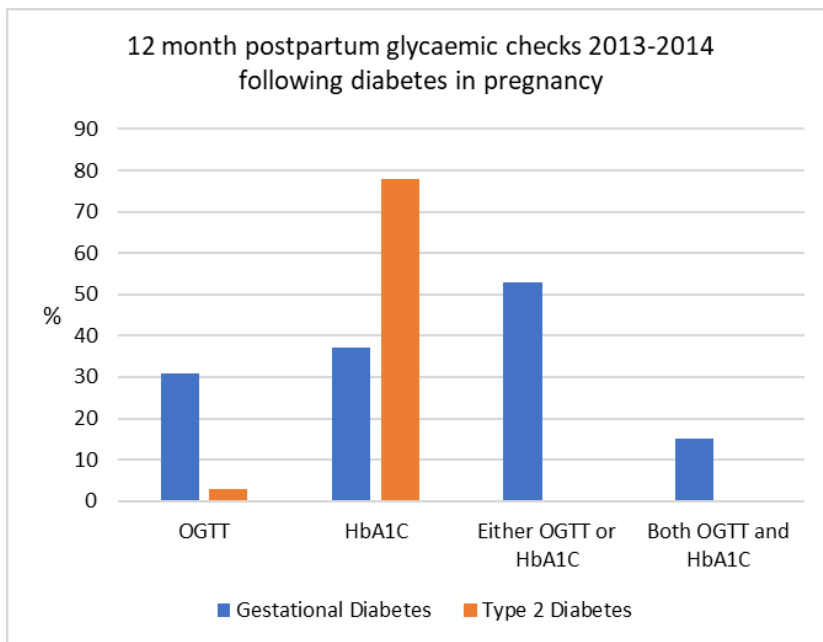
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- 75% of women had documented postnatal care implemented at the remote health centre - median time to review: 12 days.
 - 93% of these women were seen within 8 weeks postpartum.
- 31% of women with GDM had a postpartum OGTT and 37% had an HbA1C:



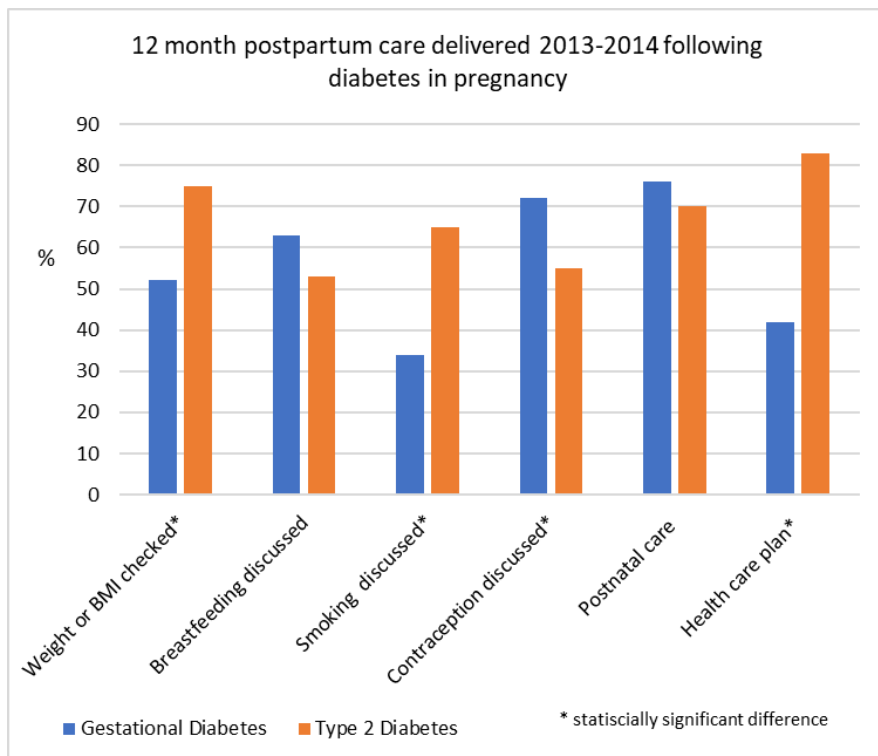
Of the 53% of women with GDM who had a postpartum OGTT or HbA1C:

- 31% diagnosed with pre-diabetes
- 10% diagnosed with diabetes

41% of women tested had pre-diabetes or diabetes

*note-women at highest risk are more likely to have postpartum testing

- Women with T2D were less likely to have documented contraception discussed and more likely to have documented weight measured, smoking discussed and be on a healthcare plan compared to women with GDM:



Key Messages

Strengths

- Most women had early, postnatal care implemented.
- Women with T2D had high rates of postpartum key health messages documented, likely reflecting health professionals proactive targeting of this higher risk group.

Areas for improvement

- Among women who had GDM and postpartum glycaemic monitoring, there were high rates of pre-diabetes and diabetes diagnosed, highlighting the need for increased postpartum glucose testing of these women.

This audit will be repeated after the implementation of our NT DIP Partnership complex health systems intervention (due to be completed end of 2019).