

Feasibility, Acceptability and Uptake Rates of Gestational Diabetes Mellitus Screening in Primary Care versus Secondary Care: Findings from a Randomised Controlled Mixed Methods Trial

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Introduction

Uptake rates for GDM will likely be improved if the screening was offered in a setting more accessible to the patient (Cullinan et al, 2012))

This has not been previously assessed however nor has the feasibility or accessibility of such an alternative method of screening provision

Objectives

Evaluate the rate of uptake of GDM screening in the primary versus secondary care setting

Qualitatively explore the providers' experience of primary care screening provision

Methods

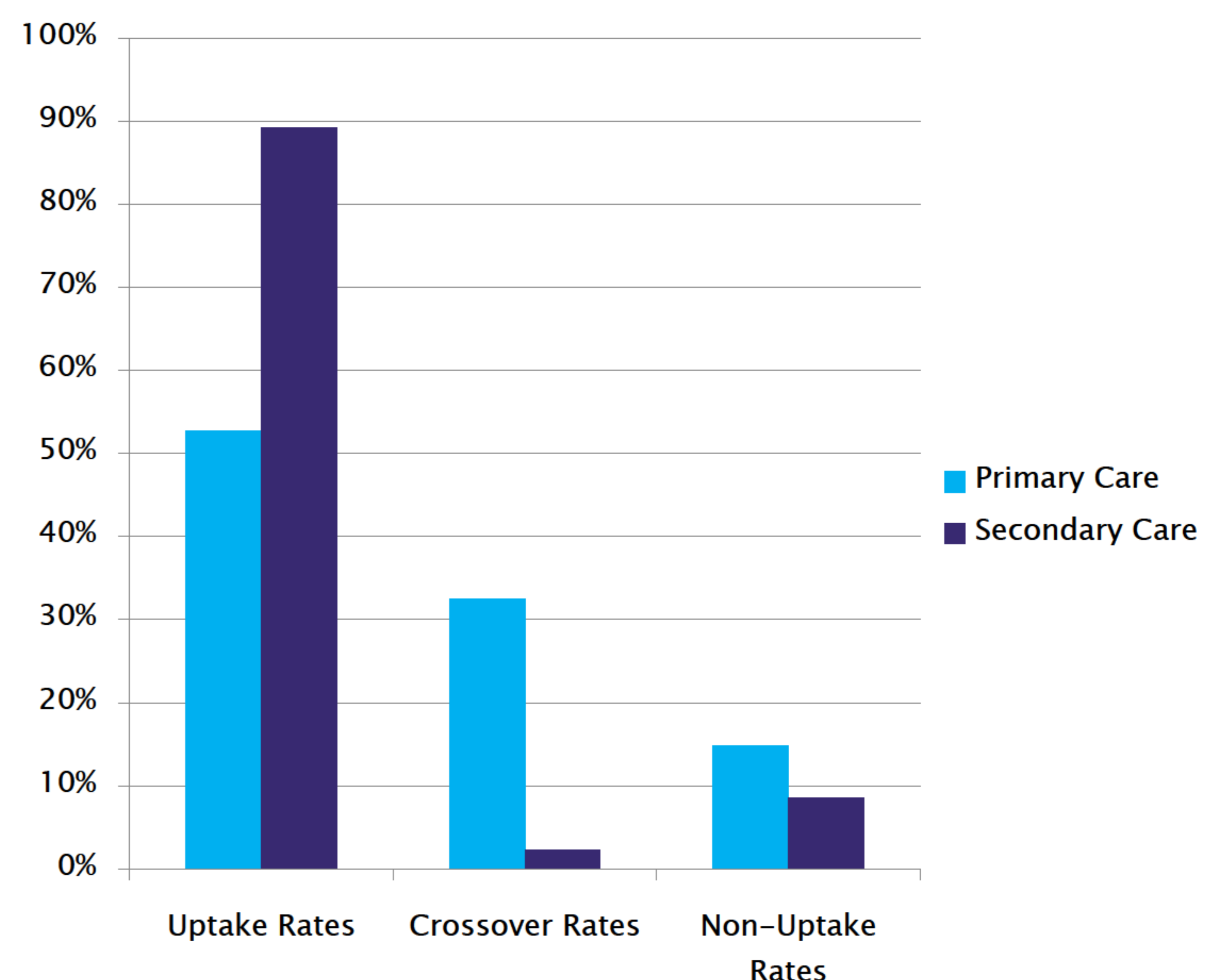
- This mixed methods study was composed of a quantitative unblinded parallel group randomised controlled trial and qualitative interview trial.
- 781 pregnant women were randomised to receive a 2-hour, 75g oral glucose tolerance test in either the primary (n=391) or secondary care (n=390) setting.
- Semi-structured interviews with 13 primary care providers were conducted.

Results

Statistically significant differences were noted between the two quantitative study arms for uptake rates (52.7% in primary care compared to 89.2% in secondary care; $p < 0.001$), crossover rates (32.5% in primary care compared to 2.3% in secondary care; $p < 0.001$) and non-uptake rates (14.8% in primary care compared to 8.5% in secondary care; $p = 0.005$).

Of the total potential participants, 37.2% (n=1206) could not be involved as their primary care provider did not engage with the trial.

Primary care providers reported difficulties with the conductance of GDM screening citing workload, logistical challenges and lack of remuneration as problematic, while recognising primary care as the most appropriate and preferable location for screening.



Conclusions

Currently, provision of GDM screening in primary care in Ireland, despite its acknowledged benefits, is unfeasible due to poor uptake rates, poor rates of primary care provider engagement and primary care provider concerns, particularly with regard to resourcing limitations.

Reference:

Cullinan J, Gillespie P, Owens L, Dunne F. Accessibility and screening uptake rates for gestational diabetes mellitus in Ireland. *Health & place*. 2012;18(2):339-48.

Acknowledgements:

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