The clinical effectiveness of screening for gestational diabetes mellitus in primary versus secondary care: Results of a Randomised Controlled Trial.

Angela O’Dea\(^1\), Marie Tierney\(^1\), Andry Danyliv\(^2\), Liam G Glynn\(^1\), Brian E McGuire\(^3,4\), Louise A Carmody\(^4\), John Newell\(^4\), Fidelma P Dunne\(^3,4\)

Schools of 1Medicine, 2Business & Economics, and 3Psychology, National University of Ireland, Galway. 4Galway Diabetes Research Centre, 5HRB Clinical Research Facility, National University of Ireland, Galway, Ireland.

OBJECTIVES

The aim of this study was to investigate the clinical effectiveness of universal screening for gestational diabetes mellitus (GDM) in primary care versus secondary care.

METHODS

A parallel group randomised controlled trial of universal screening for GDM in primary (GP) versus secondary (hospital) care. The primary outcome was uptake of screening at the GP versus the hospital. Here we report on the secondary outcomes of the trial: (i) GDM prevalence, (ii) timing of screening, (iii) time to access antenatal diabetes care, and (iv) maternal and neonatal outcomes.

RESULTS

The prevalence of GDM was similar in women screened in primary care and secondary care. There was no difference in the timeliness of screening between primary care and secondary care with both with both groups receiving screening at a mean of approximately 26 weeks gestation. For women diagnosed with GDM there was a considerable delay (in both groups) in the timeliness of screening between primary care and secondary care with both groups receiving screening at a mean of 39.7 weeks gestation. For women diagnosed with GDM there was a considerable delay (in both groups) in the timeliness of screening between primary care and secondary care with both groups receiving screening at a mean of 39.7 weeks gestation.

CONCLUSIONS

The evidence presented in this paper, shows that screening for GDM in secondary care is superior to screening in primary care in terms of time to access hospital based antenatal diabetes care, and associated neonatal outcomes. However, GPs have been shown to be skilled in performing the GDM screening test in a timely and effective manner. Limiting GDM screening to secondary care sites serves to exclude primary carers from treatment and management.

REFERENCES