

Improving Postpartum Diabetes Screening in Women with Gestational Diabetes: A Quality Improvement Study (Implementation Phase)

Lena Woo MD, Matthew Roland, Ipsita Chauhan MD



BACKGROUND

Women with gestational diabetes mellitus (GDM) are estimated to have a 40-70% risk of developing type II diabetes mellitus within 10-20 years of diagnosis, thus rendering postpartum glucose testing an important step in early intervention and management.ⁱ The oral glucose tolerance test (OGTT) is preferred over fasting blood glucose and hemoglobin A1c due to its increased sensitivity in detecting glucose intolerance.ⁱⁱ However, studies have found that fewer than 50% of patients with GDM undergo postpartum glucose screening.ⁱⁱⁱ Some quality improvement studies have found an improvement to 60 – 85% rates of screening after intervention.ⁱⁱⁱ

OBJECTIVES

- 1) To identify the baseline proportion of GDM patients who underwent postpartum OGTT testing
- 2) To identify the steps at which the standard of care was not maintained
- 3) To evaluate the changes in the proportion of postpartum OGTT testing after interventions

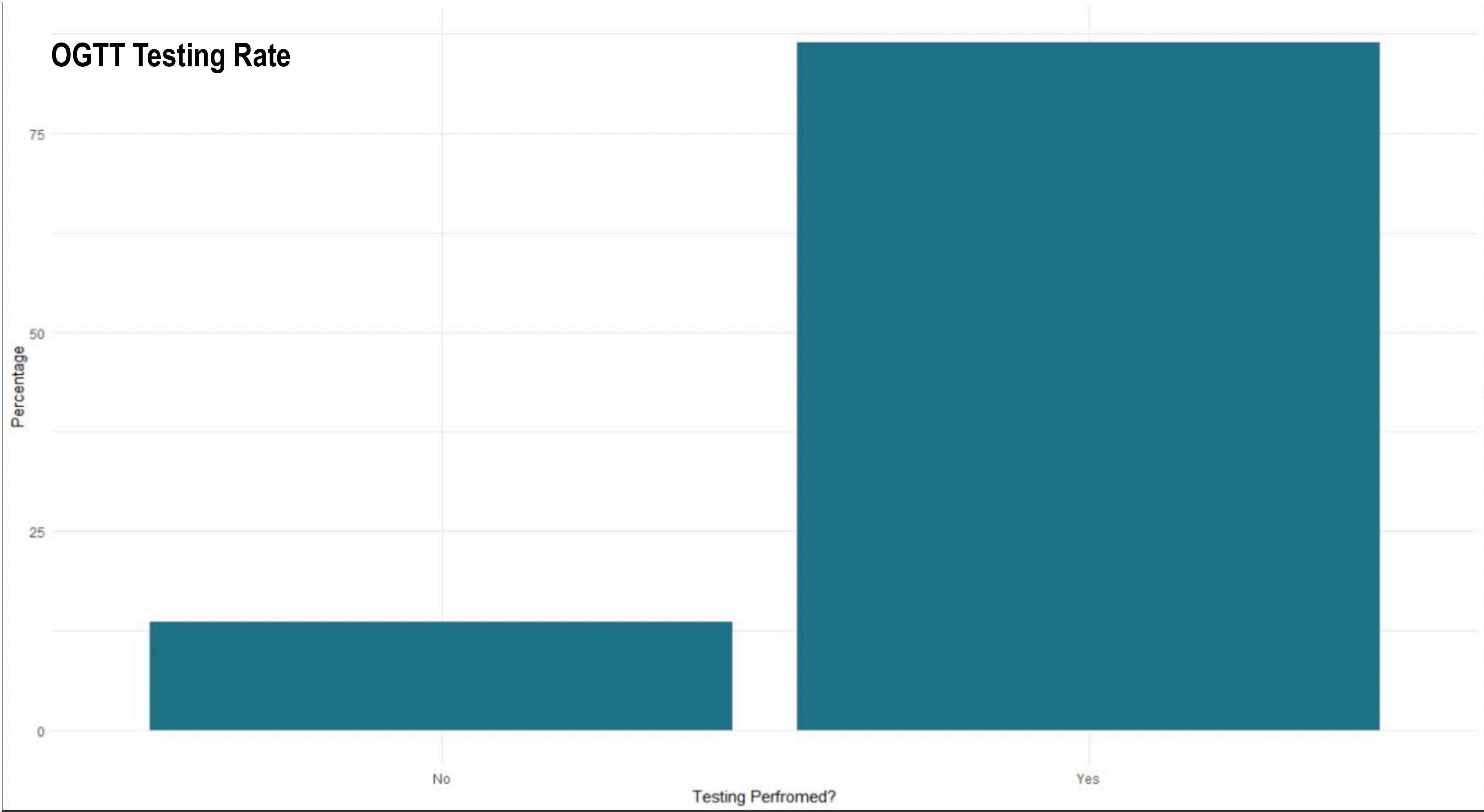
METHODS

A retrospective review of 184 patient charts was performed. Data were extracted from Epic to identify patients who delivered within the study period and had a documented diagnosis of GDM.

Among this cohort, we assessed attendance at recommended postpartum visits. Patients were categorized based on whether they completed postpartum follow-up within the defined timeframe. A structured chart review was then performed for patients who did not complete recommended postpartum testing. Clinical documentation was reviewed to identify contributing factors for missed testing, including patient-level and provider-level barriers.

Results

59.38% of patients had postpartum glucose screening over the past 6 months
Of those, 38.5% were due to patient loss to follow-up before their postpartum visit, 38.5% due to the provider forgetting to order the test, and 23.1% due to patient inability to complete the test.



Overall (N=184)	
Race	
Asian	135 (73.4%)
Black	12 (6.5%)
Other	3 (1.6%)
White	34 (18.5%)
OGTT ordered	
Yes	22 (12.0%)
No	162 (88.0%)
OGTT performed	
Yes	19 (10.3%)
No	165 (89.7%)

Interventions

- Two interventions will be implemented:
- 1) A postpartum note template is being used to prompt providers to order the 2hour OGTT. The template reads:
 - a) Did the patient have a diagnosis of gestational diabetes in this pregnancy and
 - b) If yes, was postpartum glucose testing ordered?
 - 2) Patients with GDM will be given a reminder upon discharge from the postpartum unit informing them of the importance of postpartum diabetic screening. This will consist of a reminder in their discharge summary to attend their postpartum appointment and to complete their 2-hour GTT at that appointment.

Current status: implementation of intervention 1

References

I. Society for Maternal-Fetal Medicine (SMFM); Bauer ST, Cate JJM, Whitsel AI, Combs CA; Patient Safety and Quality Committee. Electronic address: smfm@smfm.org. Society for Maternal-Fetal Medicine Special Statement: Quality metric on the rate of postpartum diabetes screening after pregnancies with gestational diabetes mellitus. Am J Obstet Gynecol. 2023 Apr;228(4):B2-B9. doi: 10.1016/j.ajog.2022.12.315. Epub 2022 Dec 28. PMID: 36584961.

li. American Diabetes Association Professional Practice Committee; 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2025. Diabetes Care 1 January 2025; 48 (Supplement_1): S306–S320. <https://doi.org/10.2337/dc25-S015>

iii. Society for Maternal-Fetal Medicine Special Statement: Quality metric on the rate of postpartum diabetes screening after pregnancies with gestational diabetes mellitus. Bauer, Samuel T. et al. American Journal of Obstetrics & Gynecology, Volume 228, Issue 4, B2 - B9