



Diabetes across the Lifecourse: Northern Australia Partnership

Our Research Highlights for Policy and Practice

Northern Territory Edition

April 2020

This Diabetes across the Lifecourse: Northern Australian Partnership (Partnership) brief provides an overview of recent Partnership publications (from December 2019 to March 2020).

Further resources are available on our website, including recordings from sessions held during the 2019 Annual Educational Symposium. These can be accessed here: <https://dipp.org.au>

Should you have any questions, or require further information, please contact us on: ntdipppartnership@menzies.edu.au or ring (08) 8946 8634.

Please note that the Diabetes across the Lifecourse: Northern Australia Partnership has paused face to face activities with research participants and is aiming to minimise contact with clinicians and health services during the COVID-19 response. Please contact us if you have any queries.

Wood A, Mackay D, Fitzsimmons D, Derkenne R, Kirkham R, Boyle J, Connors C, Whitbread C, Welsh A, Brown A, Shaw J, Maple-Brown L, Primary health care for Aboriginal women in remote communities after a pregnancy with hyperglycemia, *International Journal of Environmental Research and Public Health*, 2020 Jan 22;17(3). pii: E720. doi: 10.3390/ijerph17030720.

Summary: In this study we evaluated the 12-month postpartum care provided to 195 women with a history of hyperglycaemia in pregnancy (either gestational diabetes or type 2 diabetes). We analysed the de-identified medical records of all Aboriginal (96%) and non-Indigenous (4%) women who gave birth between 01/01/2013 - 31/12/2014 in the NT with a diagnosis of diabetes in pregnancy, and whose usual health centre was a Northern Territory government run primary health centre.

This study identified strengths and gaps in current care in order to identify areas that can be targeted to improve postnatal care and reduce long-term complications from diabetes. Among women with GDM, we reported low rates of postpartum diabetes screening, (54% had either an OGTT or an HbA1C in the 12-month postpartum period) and in women who had screening, there were high rates of dysglycaemia (of the 80 women who had screening, 32 were diagnosed with prediabetes (n = 24) or diabetes (n = 8). A clear strength was high postpartum attendance, with most women (97%) accessing the health centre at least once in the 12-month postpartum period. However, during these visits, only 52% of women had service provision, either structured or opportunistic, related to diabetes. This study highlights an opportunity to increase screening and management of diabetes in the postpartum period, allowing for early intervention and prevention of the complications of diabetes.

