



A Missed Opportunity for Improving Obstetric Outcomes: Poor Compliance With ACOG’s Recommended Early Gestational Diabetes Screening at an NYC Hospital

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Background:

Patients with gestational diabetes (GDM) are at increased risk of cesarean delivery and preeclampsia. Neonates have increased rates of macrosomia, hypoglycemia, hyperbilirubinemia, shoulder dystocia, birth trauma, and stillbirth. Treating GDM improves both maternal and neonatal outcomes.

ACOG recommends universal screening for GDM for all pregnant patients at 24-28 weeks gestation. In 2017, ACOG released guidelines for early screening of high-risk patients at the first prenatal visit in hopes of providing an earlier diagnosis and a greater window to engage in dietary and behavior changes and start hypoglycemic agents. To date, there are no studies to evaluate the rates of adherence to ACOG’s updated early screening guidelines.

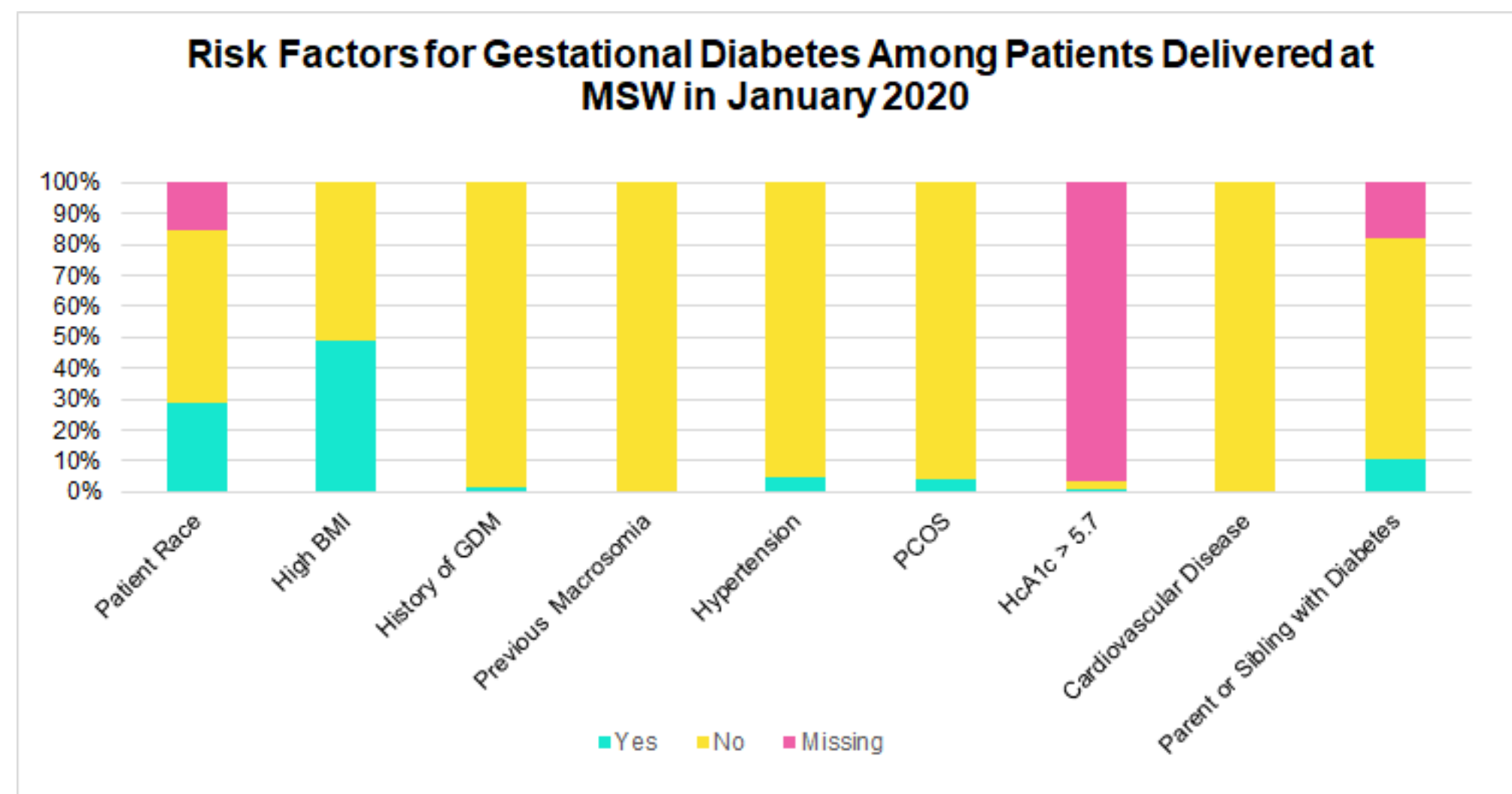
Methods:

We performed a retrospective chart review of all vaginal and cesarean deliveries at Mount Sinai West in January 2020 to determine the number of patients that met ACOG criteria for early screening and that actually underwent screening.

The following ACOG-defined risk factors were collected: body mass index (greater than 23 in Asian Americans or greater than 25 in all others), history of GDM, history of macrosomia, hypertension (systolic >140 or diastolic >90), polycystic ovarian syndrome, Hb A1C above 5.7, cardiovascular disease, and family history of diabetes.

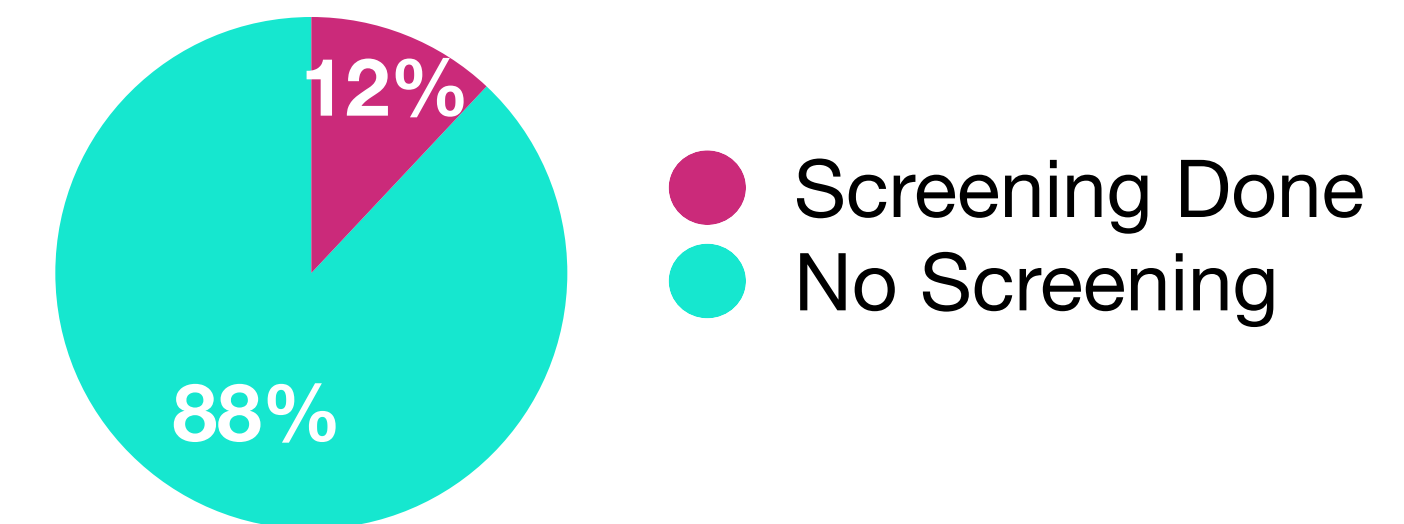
Results:

- Out of 468 charts, 314 charts had early pregnancy data available.
- One-third of patients met ACOG criteria for early screening (97 out of 314).
- **Only 12% of patients actually received early screening (12 out of 97).**
- For nearly all eligible patients who were not screened, the early screening test was never ordered.
- The most common risk factors were BMI (48%), high risk ethnic background (29%), and family history of diabetes (10%). (see Figure)
- **Out of the 85 patients who met criteria for but did not receive early screening, nearly one-fifth (19%) of them were ultimately diagnosed with GDM later in that pregnancy.**



Conclusion:

Of the eligible at-risk patients only 12% were tested, leaving 88% of at-risk patients not tested. The primary reason for inadequate screening was that obstetric providers are failing to order to the test. We plan to present our findings to our Quality Improvement committee. We will advocate for the implementation of an electronic medical record checklist at a patient’s first prenatal visit that would include the identification of the risks factors for early GDM screening. We then plan to investigate whether there is an improvement in rates of early GDM screening after implementing this intervention.



References:

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