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Gestational Diabetes Clinic for Indigent Latinos

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**INTRODUCTION**

- Gestational diabetes mellitus (GDM), carbohydrate intolerance of variable severity with onset of fasting recognition during pregnancy, results from insulin resistance and relative insulin deficiency usually in second trimester.

- Gestational diabetes (GDM) impacts between 4% and 9% of all pregnancies.

- Gestational diabetes (GDM) results in increased fetal complications of macrosomia, shoulder dystocia and neonatal hypoglycemia as well as maternal risks of preeclampsia and polyhydramnios.

- Women who are Hispanic or Asian decent are at highest risk of developing GDM.

- Diagnosis
  - Perform 75-gram oral glucose tolerance test (OGTT) at 24 – 28 weeks of gestation in women not previously diagnosed with diabetes.
  - Diagnosis of GDM made when any of the following values are exceeded:
    - Fasting ≥ 92 mg/dL
    - 1 hour ≥ 180 mg/dL
    - 2 hour ≥ 153 mg/dL

- Upon diagnosis of gestational diabetes, medical nutrition therapy, self-monitoring of blood glucose and fetal monitoring are initiated.

- Both Landon and Australian Carbohydrate Intolerance Study in Pregnant Women (ACHOIS) studies support active management of gestational diabetes even in the mild form to decrease fetal complications.

**References**


**OBJECTIVE**

The objective of this clinic is to provide gestational diabetes mellitus (GDM) care for indigent Latino women in order to prevent fetal and maternal complications.

**METHODS**

**Hall County**

- It is located in Northeast Georgia, 50 miles northeast of Atlanta.
- Population approximately 187,709.
- In 2007, average household income was $56,358.
- Industry: 24% service, 22.6% manufacturing, 14.2% government, 11.8% health care.
- Large Latino immigrant population due to strong manufacturing industry within the community.

**History of Gestational Diabetes Clinic**

- It is a clinic within the Hall County Health Department Prenatal Clinic which provides access to comprehensive, high quality, affordable prenatal care for low-income uninsured women.
- This clinic began in the 1970s in response to increasing number of women without prenatal care who presented to local hospital for delivery.
- Initially, local physicians donated their time to the clinic to work with health department nursing staff to provide obstetric care.
- In the late 1980s, midwifery program was added to the clinic.
- In the mid 1990s, the gestational diabetes clinic was created within the prenatal clinic.
- Clinic currently functions as a collaboration of the Northeast Georgia Health System, The Longstreet Clinic and The Hall County Health Department.
- The percentage of Latinos in this clinic has grown from 20% in the early 1990s to over 90% currently.

**Clinic Protocol**

- PharmD, CDE clinician works in collaboration with local obstetrician
- American Diabetes Association Clinical Practice Recommendations and American College of Obstetricians and Gynecologists Committee on Practice Bulletin Obstetrics were guiding documents in developing protocol

**RESULTS**

**Screening**

- Patient Care Visits

<table>
<thead>
<tr>
<th>Visits</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Visit</td>
<td>1 week post partum</td>
</tr>
<tr>
<td>Post Partum Visit</td>
<td>every 2 weeks until delivery</td>
</tr>
</tbody>
</table>

**Future Follow Up Visits**

- Frequency dependent upon control of blood glucose values.
- Patients who achieve goal blood glucose values are seen every 2 weeks until delivery.
- Patients who have not achieved goal blood glucose values are seen every week until they achieve goal blood glucose values.

**Post Partum Visit**

- Ideal visit at 6 weeks post partum.
- Patients with pre-existing Type 1 or 2 DM are referred onto an indigent clinic for ongoing diabetes care.
- Hemoglobin A1c (Hb A1c) utilized to screen for Type 2 DM in patients with history of gestational diabetes.
- Hb A1c ≤ 5.7%: referred onto indigent clinic for monitoring of blood glucose by health care provider.
- Hb A1c ≤ 6.4%: referred onto indigent clinic for further diagnostic testing for Type 2 DM.

**Patient Compliance**

- 88% compliance with SMBG and taking diabetes medications
- 86% compliance with MNT recommendations

**Outcomes**

- 98% compliance with SMBG and taking diabetes medications
- >85% compliance with MNT recommendations

**Limitations**

- Many of these patients have a distrust of healthcare professionals due to having no previous healthcare infrastructure
- Patients are the care givers as well as the financial providers for their families which makes compliance with patient visits difficult at times.

**Follow Up Visit**

- All patients are seen 1 week after initial visit.
- CDE assess SMBG daily log (values and compliance), weight, nocturia and if applicable, medication compliance.
- If patient achieves goal blood glucose values,
  - Continue MNT and SMBG
  - Next clinic visit in 2 weeks
- If patient does not achieve goal blood glucose values,
  - Reassess compliance with MNT
  - Consider initiation of insulin or glyburide
  - Continue SMBG
  - Next clinic visit in 1 week

**CONCLUSIONS**

- Lack of financial resources is the primary barrier, which includes transportation costs, office visit fee, and expense of healthy foods make up majority of the cost.
- Funding of the clinic is a ongoing challenge as state funding has significantly decreased for this GDM program.
- This program is providing essential diabetes care for many indigent gestational patients with diabetes.