

Gestational Diabetes Mellitus: A Call for Systematic Tracing

H H Tan,^{*} MBBS, M Med, MRCP (UK), H K Tan,^{**} FAMS, MBBS, MRCOG (UK), H S Lim,^{***} FAMS, MBBS, M Med,
A S A Tan,^{****} FAMS, MBBS, MRCOG (UK), S C Lim,[†] FAMS, M Med, MRCP (UK)

Abstract

Introduction: Women with history of gestational diabetes mellitus (GDM) have up to 50% lifetime risk of developing frank diabetes mellitus (DM). They are an ideal group of patients to implement early interventional measures to halt the progression to diabetes. The success of any early intervention programme would depend largely on postpartum follow-up. We set out to study the response rate to postpartum oral glucose tolerance test (OGTT) and to profile the non-responders on 105 women who attended our Gestational Diabetes Joint Clinic (GDJC). **Materials and Methods:** We divided these women into 3 groups according to their response to postpartum OGTT and compared their weights, glycaemic parameters and other clinical characteristics during gestation. Group A comprised non-responders or those who did not turn up for postpartum OGTT; group B comprised responders with a normal postpartum OGTT; and group C comprised responders with an abnormal postpartum OGTT defined as 2-hour plasma glucose equal or more than 7.8 mmol/L. **Results:** The non-respondent rate to postpartum diabetes screening was 37.1%. The non-responders were found to be significantly heavier, with more severe hyperglycaemia during their pregnancy (in terms of glycosylated haemoglobin and results of antepartum OGTT) and had bigger babies compared to the responders with normal postpartum OGTT. Their features instead resembled those who had failed their postpartum OGTT. **Conclusion:** The group of non-responders was probably at similar risk of developing glucose intolerance postpartum as those who were tested abnormal. A more effective call and recall system and education programme is, therefore, needed to ensure postpartum attendance of all patients with GDM.

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* Registrar

*** Senior Consultant

† Consultant

Department of Endocrinology, Singapore General Hospital

** Consultant

**** Senior Consultant

Department of Obstetrics and Gynaecology, Singapore General Hospital

Address for Reprints: Dr Tan Hwee Huan, Department of Endocrinology, Singapore General Hospital, Outram Road, Singapore 169608.

E-mail: gecthh@sgh.com.sg