



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Postpartum Monitoring for Diabetes in Medicaid Enrollees with Gestational Diabetes Mellitus

Gestational diabetes mellitus (GDM) is a condition caused by glucose intolerance (high blood glucose level) that begins or is first identified during pregnancy.¹ Glucose intolerance may result from hormonal changes occurring during pregnancy and affects approximately 2% to 10% of pregnancies nationwide.² The complications of GDM are both immediate and long lasting for the fetus, child, and the mother. The offspring of women with GDM are at increased risk for macrosomia (large size for gestational age), Caesarean delivery, shoulder dystocia, and other birth trauma. Children of GDM pregnancies are at greater risk for overweight, obesity, metabolic syndrome, and diabetes.³ Women with GDM are at greater risk developing hypertensive disorders and type 2 diabetes. Follow-up medical care for women who have been diagnosed with GDM may reduce these maternal health risks. The American Diabetes Association (ADA) recommends that all women diagnosed with GDM be screened for diabetes within six to 12 weeks postpartum.⁴

This issue of *Montana Public Health* presents Montana birth certificate data from 2008 and 2009 linked to Medicaid claims data to identify Medicaid-enrolled women who had GDM and to evaluate postpartum screening for diabetes.

Methods Women with GDM were identified from birth certificates; these women were matched to Medicaid claims. Women who were Medicaid enrollees during their pregnancies and for 24 weeks after delivery were included in this analysis. Postpartum follow-up diabetes screening was defined by the presence of one or more of the CPT codes for a blood glucose test (82947, 82950, 82962), glucose tolerance test (82951, 82952), or HbA_{1c} test (83036) in the Medicaid claims database.⁵

Results for postpartum follow-up among Medicaid-Enrolled women with GDM There were 24,755 women who gave birth in Montana during 2008 and 2009; 31% of these women were covered by Medicaid during their pregnancy, at delivery, and for at least 24 weeks postpartum. Among women whose pregnancies were covered by Medicaid, 2.5% were diagnosed with GDM, compared to 2.9% of women who were not covered by Medicaid (Figure).

Although 97% of women with GDM enrolled in Medicaid had at least one visit within 24 weeks postpartum, only 13% had diabetes screening during those visits. Of the 413 postpartum visits among women covered by Medicaid, only 24 (5.8%) visits included diabetes screening. Of these diabetes screenings, 15 occurred within the time interval recommended by the ADA (Table).

Discussion Based on the absence of blood glucose tests billed to Medicaid for these women, the missed opportunities for diabetes screening in this high risk population are striking. These results are consistent with those from a recent national study that found only 19.3% of women aged 18 to 40 years with GDM

received postpartum diabetes screening [75-g glucose tolerance test, 100-g glucose tolerance test, serum glucose tolerance test (fasting and nonfasting), or HbA_{1c} test] within 24 weeks after the woman's estimated delivery due date.⁶ The ADA clinical recommendations for postpartum diabetes monitoring are described in the box on the next page.

Figure. Diabetes screening rate during postpartum follow-up visits for women with GDM enrolled in Medicaid, Montana 2008-2009.

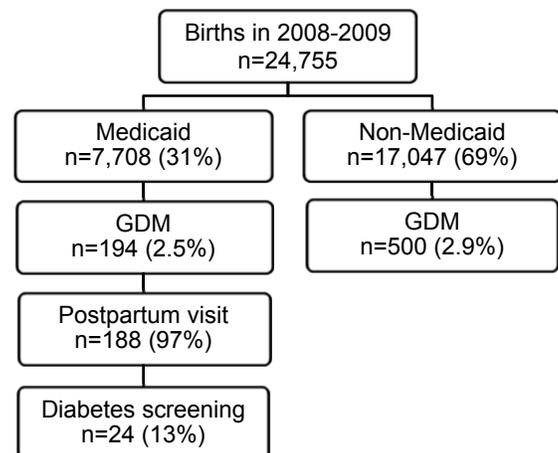


Table. Diabetes screening during follow-up visits within 24 weeks postpartum for women with GDM enrolled in Medicaid, Montana 2008-2009.

| Weeks postpartum | Diabetes screening | Visits* |
|------------------|--------------------|---------|
| <6 | 8 | 184 |
| 6 – 12 | 15 | 163 |
| >12 – 24 | 1 | 66 |
| Total | 24 | 413 |

Sources: Montana Office of Vital Statistics and Montana Medicaid Program.
*not unduplicated.

Recommendations for clinicians caring for women with GDM

- All women diagnosed with GDM should be screened for diabetes within six to 12 weeks postpartum.
- Health care providers should perform one of the following tests:
 - 75-g OGTT with plasma glucose measurement after eight hours fasting and at two hours. Diabetes is diagnosed with a two-hour glucose level ≥ 200 mg/dL.
 - Fasting blood glucose measurement after eight hours fasting. Diabetes is diagnosed with a level ≥ 126 mg/dL.
 - A1C measurement. Diabetes is diagnosed with an A1C $\geq 6.5\%$.
- A positive test result should be followed by referral to diabetes counseling and a diabetes management program, including intensive medical therapy and regular physical activity.⁷
- A negative test result should be followed by referral to a lifestyle management program to prevent diabetes. The diabetes risk for women with GDM can be managed in 80-90% of women with lifestyle therapy alone.⁴ The Montana Cardiovascular Disease and Diabetes Prevention Program (www.mtprevention.org) provides this prevention service.

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