



Gestational Diabetes

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:
Gestational diabetes (GDM) affects about 7% of pregnancies, ⁱ with higher incidence among people with risk factors and among certain racial and ethnic groups. ⁱⁱ However, only about 1 in 5 pregnant patients receive early screening for GDM. ⁱⁱⁱ GDM increases the risk of type 2 diabetes for birthing individuals and raises the chance of complications such as preeclampsia, premature birth, and C-section. Diet and exercise interventions in early pregnancy may reduce GDM incidence for patients with risk factors, and adequate treatment during pregnancy may reduce postpartum incidence. ^{iv} Early screening, detection and intervention can reduce perinatal risks and future diabetes. ^v
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
<input checked="" type="checkbox"/> VARIATION IN CARE <input checked="" type="checkbox"/> SAFETY CONCERNS <input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES <input checked="" type="checkbox"/> EQUITY CONCERNS
PROPOSED SCOPE:
<p><u>Scope:</u> consensus on universal and targeted screening, prevention interventions and early treatment for GDM, multidisciplinary care, high-risk OB care management, identifying quality metrics in VBP, Employer GDM-friendly accommodations and coverage for diabetes prevention programs.</p> <p><u>Out of scope:</u> Other gestational conditions; type 1 or type 2 diabetes post-pregnancy without history of GDM,</p>
EVIDENCE-BASED IMPACT STRATEGY:
<p><i>Clinicians/Care Teams:</i> Culturally responsive GDM prevention interventions (diet/exercise) for people with risk factors, universal HbA1c screening by 24-28 weeks and earlier for those with risk factors, Multidisciplinary care (nutrition therapy), self-monitoring, pharmacotherapy (insulin, oral agents), postpartum glucose testing and DPP, referral to MFM as needed for high risk pregnancy</p> <p><i>Delivery Systems:</i> team-based care (dietician, CHW, doula), standardizing screening and referral pathways for GDM, health-related social needs screening and intervention</p> <p><i>Plans:</i> high-risk care management services, coverage of nutritional counseling, diabetes prevention program, value-based pregnancy care (P4P), doula/CHW coverage for pregnancy care,</p> <p><i>Purchasers:</i> pregnancy-friendly workforce policies, workplace diet and exercise interventions,</p> <p><i>Public Health:</i> healthcare provider training, culturally responsive educational materials, nutrition and physical activity programs,</p>
AVAILABLE DATA FOR MONITORING AND EVALUATION:
HEDIS: PPC (prenatal and postpartum care) and Diabetes Screening Postpartum WA DOH Diabetes Epidemic Action Report
POTENTIAL PARTNERS:
DOH, HCA, American Diabetes Association, OBCOAP, Microsoft,
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
Bree could build consensus around evidence-based best practices for GDM prevention in pregnancy, early screening and identification at standardized time-points and throughout perinatal period, reduction of administrative or cost barriers to interventions with best available evidence, and steps to prevent progression to diabetes later in life. The Bree could also identify relevant quality measures for use in VBP arrangements and quality monitoring, and employer accommodations for perinatal individuals with GDM.

ⁱ Nayak, T., & Shah, N. (2024). Trends in gestational diabetes mellitus by U.S. state, 2019–2023 [Abstract]. *Circulation*, 150(Suppl_1), 4123308. https://doi.org/10.1161/CIRCULATIONAHA.150.suppl_1.4123308

ⁱⁱ Washington State Department of Health, Department of Social & Health Services, & Health Care Authority. (2024, January 24). Diabetes epidemic and action report. Washington State Department of Health.

ⁱⁱⁱ Wilkie GL, Leftwich HK, Delpapa E, Moore Simas TA, Nunes AP. Trends in Screening for Diabetes in Early Pregnancy in the United States. *J Womens Health (Larchmt)*. 2023 Apr;32(4):416-422. doi: 10.1089/jwh.2022.0305. Epub 2023 Feb 15. PMID: 36795976; PMCID: PMC10329152.

^{iv} American Diabetes Association Professional Practice Committee. (2025). 15. Management of diabetes in pregnancy: Standards of Care in Diabetes—2025. *Diabetes Care*, 48(Suppl 1), S306–S320. <https://doi.org/10.2337/dc25-S015>

^v U.S. Preventive Services Task Force. (2021, August 10). Gestational diabetes: Screening [Recommendation statement]. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening>