

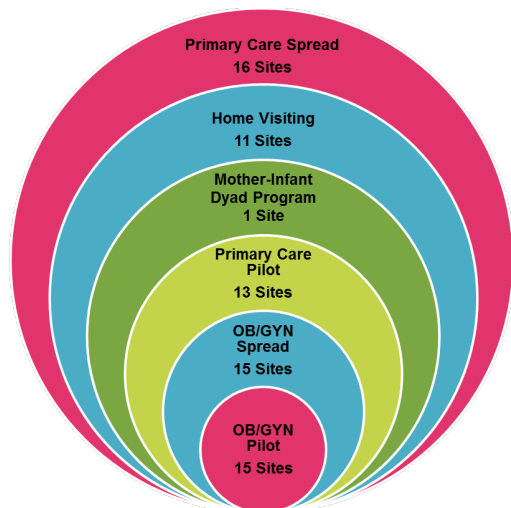
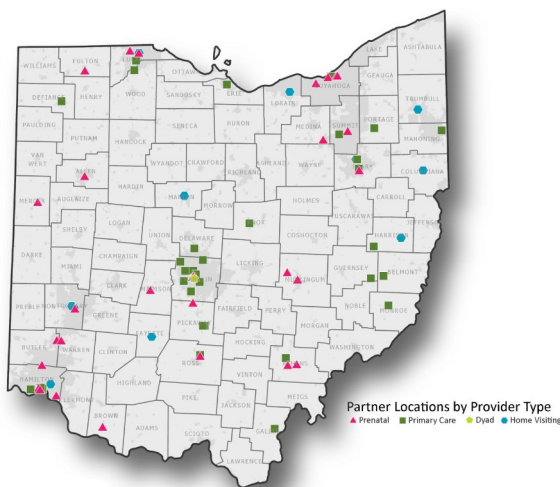


Fact Sheet

Gestational Diabetes in Ohio

Gestational Diabetes Mellitus (GDM) affects an estimated 3-9% of all pregnancies; in Ohio, this means about 13,000 moms-to-be will be diagnosed each year. Over 50% of women who have GDM during pregnancy will develop type 2 diabetes (T2DM) before their child is 10 years old. By getting active, losing weight, and eating healthy, women can prevent or delay their chances of getting T2DM. It is important for women with a history of GDM to talk to their healthcare provider about what they can do to prevent T2DM and get tested for it after their delivery.

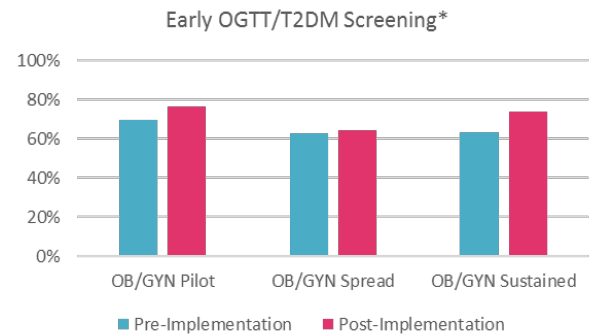
GDM Postpartum Care Learning Collaborative Statewide Participation



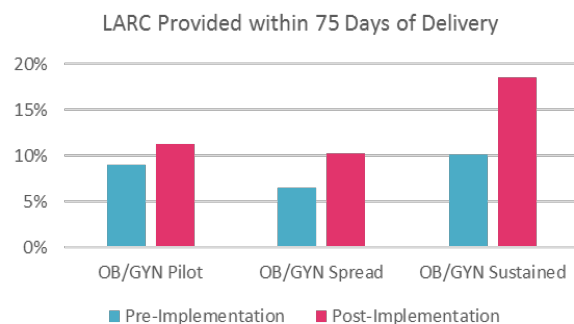
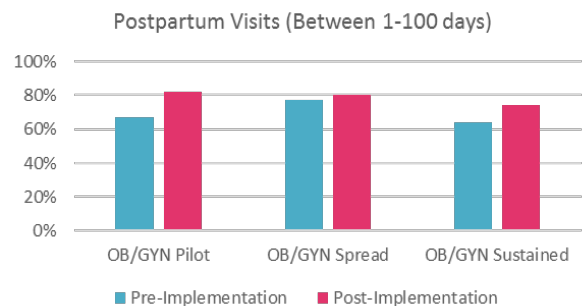
The GDM Postpartum Care Learning Collaborative aims to inform women of their risk for developing T2DM during the postpartum period and the importance of getting tested. The Collaborative also aims to improve continuity of care by identifying and addressing communication gaps between OB/GYN and primary care healthcare providers.

OB/GYN Outcomes

At participating OB/GYN sites, several clinical interventions were measured to show the positive impact on health outcomes for women diagnosed with GDM. These interventions included identifying women at high-risk for GDM and conducting early T2DM screening prior to their 2nd prenatal visit, postpartum visit rates, and family planning education measured by LARC utilization.

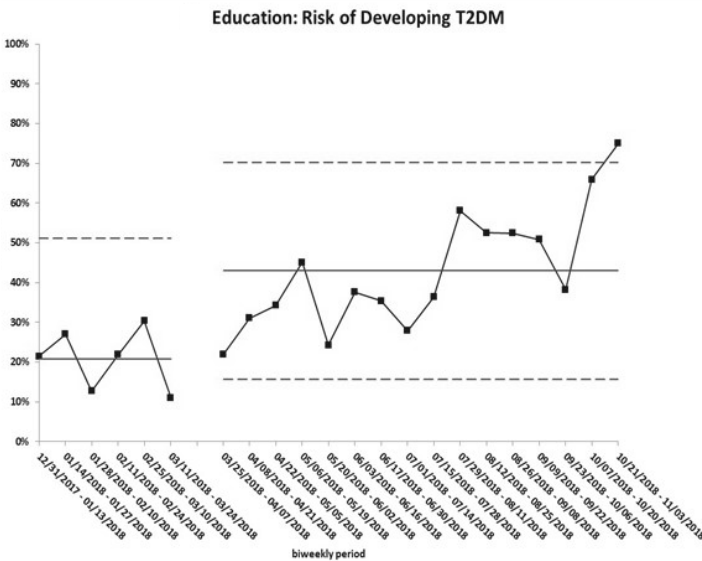


*There is a significant possibility that Medicaid claims data is not accurately capturing either the prenatal OGTT or postpartum OGTT screen due to possible bundled payments

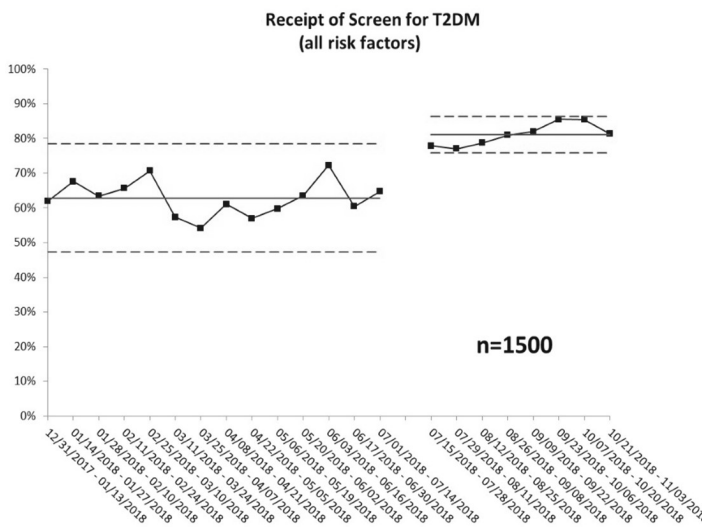


Primary Care Outcomes

Primary care practice sites participated in project activities including providing education on the risk of developing T2DM, recommended rescreening time for T2DM, and health and wellness. All education measures improved with special cause, or variation caused by non-random circumstances.¹ Results of provision of T2DM education are shown in the chart below.



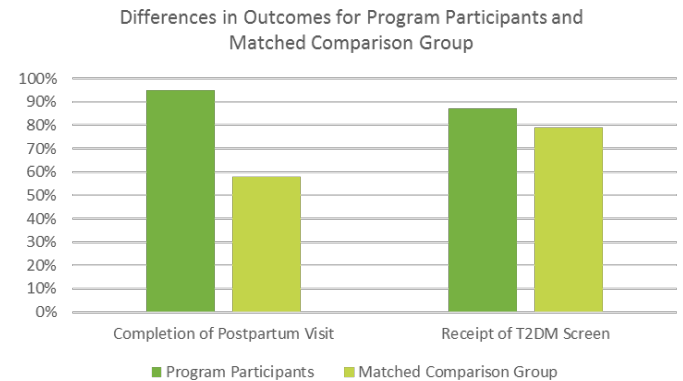
For women who had a prior pregnancy impacted by GDM, or had two or more risk factors associated with increased T2DM risk, screening rates increased by 19.4% (from 61.9% to 81.3%) with the control chart showing special cause.



¹Lorenz A, Oza-Frank R, May S, et al., A quality improvement collaborative increased preventive education and screening rates for women at high-risk for type 2 diabetes mellitus in primary care settings, *Prim Care Diabetes*. (2019), <https://doi.org/10.1016/j.pcd.2019.09.010>

Dyad Program Outcomes

The mother-infant dyad program combined well-child visits with postpartum primary healthcare visits resulting in greater postpartum visit attendance and diabetes screening. Women who participated in the program were, on average, more likely to complete postpartum visits and receive T2DM screenings than women who did not participate, and these differences were statistically significant. Medicaid claims data were used to identify outcomes for the comparison group.

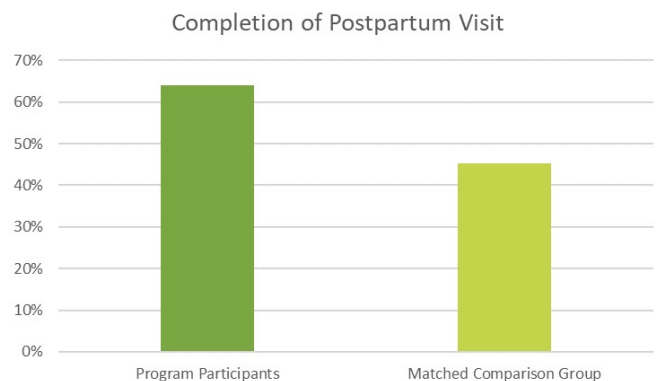


Note: All program participants who were matched to members of the comparison population (N=62) were included in the analyses, regardless of the duration of program involvement.

Home Visiting Site Outcomes

Home visiting sites throughout the state monitored women with GDM to provide education and resources to improve health outcomes. The preliminary results of a comparison between program participants and a matched comparison group show that participants were more likely to complete a postpartum visit.

The data obtained through this pilot program will be used to inform the expansion of the Ohio Comprehensive Home Visiting Integrated Data System (OCHIDS) to better track and provide education and resources to women with a history of GDM. The data collection forms were compared with OCHIDS and Medicaid claims to ensure data quality.



Note: All program participants who were matched to Medicaid claims data or who had sufficient data for the identifiers needed for propensity score matching (N=53) were included in these analyses, regardless of the duration of program involvement.