**Zoë Johnston u3204494**

**Redefining obstetric involvement in the care for women with gestational diabetes**

In Australia, women with gestational diabetes are more likely to not only have an induction of labour, but also one that ‘fails’, leading to intervention and caesarean section. A primary caesarean section often leads to a repeat, falsely inflating rates. A common reason for recommending an induction is the presumptive increased risk of macrosomia, shoulder dystocia, and birth trauma, although if gestational diabetes is well-controlled, that risk is decreased. Currently there is insufficient quality evidence to support induction of labour for women with gestational diabetes, who have no additional risk factors, despite its prevalence. The aim of this policy is to minimise the incidence of unnecessary inductions of labour for women with well-controlled gestational diabetes with no additional risk factors.

This policy changes the way care is currently delivered. This will be trialled primarily at a single hospital involving all women. Care will be primarily midwifery-led, using a collaborative process. Recommendations regarding healthy diet, exercise, and regular blood glucose monitoring will be promoted and encouraged. Obstetric involvement will only occur if clinically indicated and using a clear set of developed guidelines. A discussion of the benefits and risks associated with induction of labour will occur in consideration of the woman’s individual circumstances. This proposed approach aims to decrease health care costs, improve maternal and neonatal outcomes, and increase maternal satisfaction with care and care providers.

**References:**

Alberico, S., Erenbourg, A., Hod, M., Yogev, Y., Hadar, E., Neri, F., Ronfani, L., & Maso, G. (2016). Immediate delivery or expectant management in gestational diabetes at term: The Ginexmal Randomised Controlled Trial. *BJOG: An International Journal of Obstetrics & Gynaecology*, *124*(4), 669–677. <https://doi.org/10.1111/1471-0528.14389>

Australian Institute of Health and Welfare. (2019). Incidence of gestational diabetes in Australia. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/diabetes/incidence-of-gestational-diabetes-in-australia/contents/outcomes>

Bas-lando, M., Srebnik, N., Farkash, R., Ioscovich, A., Samueloff, A., & Grisaru-Granovsky, S. (2014). Elective induction of labor in women with gestational diabetes mellitus: An intervention that modifies the risk of cesarean section. *Archives of Gynecology and Obstetrics*, *290*(5), 905–912. <https://doi.org/10.1007/s00404-014-3313-6>

Dekker, R. (2019, April 3). *Evidence on: Induction for Gestational Diabetes*. Evidence Based Birth®. Retrieved March 31, 2023, from <https://evidencebasedbirth.com/evidence-on-induction-for-gestational-diabetes/>

Feghali, M. N., Caritis, S. N., Catov, J. M., & Scifres, C. M. (2016). Timing of delivery and pregnancy outcomes in women with gestational diabetes. *American Journal of Obstetrics and Gynecology*, *215*(2), 243.e1–243.e7. <https://doi.org/10.1016/j.ajog.2016.03.006>

Grabowska, K., Stapińska-Syniec, A., Saletra, A., Jarmużek, P., & Bomba-Opoń, D. (2017). Labour in women with gestational diabetes mellitus. *Ginekologia Polska*, *88*(2), 81–86. <https://doi.org/10.5603/gp.a2017.0016>

Melamed, N., Ray, J. G., Geary, M., Bedard, D., Yang, C., Sprague, A., Murray-Davis, B., Barrett, J., & Berger, H. (2016). Induction of labor before 40 weeks is associated with lower rate of cesarean delivery in women with gestational diabetes mellitus. *American Journal of Obstetrics and Gynecology*, *214*(3), 364.e1–364.e8. <https://doi.org/10.1016/j.ajog.2015.12.021>

Muglu, J., Rather, H., Arroyo-Manzano, D., Bhattacharya, S., Balchin, I., Khalil, A., Thilaganathan, B., Khan, K. S., Zamora, J., &amp; Thangaratinam, S. (2019). Risks of stillbirth and neonatal death with advancing gestation at term: A systematic review and meta-analysis of cohort studies of 15 million pregnancies. *PLOS Medicine, 16*(7). <https://doi.org/10.1371/journal.pmed.1002838>

Nankervis, A., McIntyre, H. D., Moses, R., Ross, G. P., Callaway, L., Porter, C., Jeffries, W., Boorman, C., De Vries, B., &amp; McElduff, A. (2014). ADIPS consensus guidelines for the testing and diagnosis of ... Australasian Diabetes in Pregnancy Society. <http://www.adips.org/downloads/2014ADIPSGDMGuidelinesV18.11.2014_000.pdf>

Niu, B., Lee, V. R., Cheng, Y. W., Frias, A. E., Nicholson, J. M., & Caughey, A. B. (2014). What is the optimal gestational age for women with gestational diabetes type A1 to deliver? *American Journal of Obstetrics and Gynecology*, *211*(4), 418.e1–418.e6. <https://doi.org/10.1016/j.ajog.2014.06.015>

Seimon, R. V., Natasha, N., Schneuer, F. J., Pereira, G., Mackie, A., Ross, G. P., Sweeting, A. N., Seeho, S. K., & Hocking, S. L. (2022). Maternal and neonatal outcomes of women with gestational diabetes and without specific medical conditions: An Australian population‐based study comparing induction of labor with Expectant Management. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, *62*(4), 525–535. <https://doi.org/10.1111/ajo.13505>

Šimják, P., Krejčí, H., Hornová, M., Mráz, M., Pařízek, A., Kršek, M., Haluzík, M., & Anderlová, K. (2022). Establishing the optimal time for induction of Labor in women with diet-controlled gestational diabetes mellitus: A single-center observational study. *Journal of Clinical Medicine*, *11*(21), 6410. <https://doi.org/10.3390/jcm11216410>

Sutton, A. L., Mele, L., Landon, M. B., Ramin, S. M., Varner, M. W., Thorp, J. M., Sciscione, A., Catalano, P., Harper, M., Saade, G., Caritis, S. N., Sorokin, Y., & Grobman, W. A. (2014). Delivery timing and cesarean delivery risk in women with mild gestational diabetes mellitus. *American Journal of Obstetrics and Gynecology*, *211*(3), 244.e1–244.e7. <https://doi.org/10.1016/j.ajog.2014.03.005>

Vitner, D., Hiersch, L., Ashwal, E., Shmueli, A., Yogev, Y., & Aviram, A. (2019). Induction of labor versus expectant management for gestational diabetes mellitus at term. *Archives of Gynecology and Obstetrics*, *300*(1), 79–86. <https://doi.org/10.1007/s00404-019-05171-3>