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Media Statement

WA TEAM'S BID TO SIMPLIFY SCREENING FOR PREGNANCY-RELATED DIABETES

West Australian researchers have won funding to progress work that could lead to simplified screening for gestational diabetes, and improved screening across regional WA.

Current screening for gestational diabetes mellitus (GDM) – which only appears in pregnancy – is known as Oral Glucose Tolerance Testing (OGTT) and is done between 24 and 28 weeks of pregnancy. Women have to fast and undergo blood tests before and after drinking a glucose-loaded mixture, meaning the test takes over two hours.

Elevated blood glucose in pregnancy has been linked to an increased risk of adverse birth outcomes and research shows babies born to women with GDM are more likely to develop obesity and type 2 diabetes. The condition and risks can usually be managed with diet and lifestyle changes, and sometimes medication.

Researcher Julia Marley from the Rural Clinical School of Western Australia said many women in regional and remote WA don't complete the test.

"The current screening process for gestational diabetes is time-consuming and difficult. Many women, in particular Aboriginal women, opt not to – or can't – do it, which potentially puts their health and that of their unborn child at risk, so our aim is to simplify the testing in a bid to ensure more women have it done," she said.

Diabetes Research WA has awarded Associate Professor Marley and her team a \$60,000 grant to investigate using one blood test to screen for GDM.

"We believe more pregnant women will be tested by using two alternate markers of blood glucose, glycated haemoglobin (HbA1c) and glycated albumin (GA), which can be done by taking two tubes of blood in one sitting, with no fasting or glucose drink required," said Associate Professor Marley.

"And it may be that we use this test as an initial screen so only certain women would need to be referred on to have an OGTT."

Pregnant women in the Kimberley, South West and Osborne Park presenting for an OGTT will be invited to take part in the study.

"Ultimately, we hope to use this new model to categorise women as having a low, medium or high risk of experiencing birth complications due to their blood glucose levels, rather than simply diagnosing them as having or not having GDM," said Associate Professor Marley.

"We believe this new model may also address, as found in a previous study, the high number of women being mistakenly classified as not having gestational diabetes due to unavoidable delays in blood samples getting to the lab for testing in regional areas of WA."

Diabetes Research WA executive director Sherl Westlund said she was thrilled to be supporting research with such potential.

“Gestational diabetes is the fastest growing type of diabetes in Australia and impacts up to 14 percent of pregnant women,” said Ms Westlund.

“A simpler screening paradigm for the condition could significantly improve the diagnosis of GDM, in particular in WA’s Aboriginal population, but also across WA and Australia, and therefore the health of our current and future generations.

“It also has the potential to take some of the pressure off our health services.”

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