

MEDIA RELEASE

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Dramatic increase in gestational diabetes could see 500,000 women and babies affected over the next decade

Leading diabetes organisations have highlighted the dramatic increase in gestational diabetes affecting women during pregnancy and putting great pressure on maternity hospitals and requiring new approaches before, during and after pregnancies.

Up to 500,000 Australian women could develop gestational diabetes over the next decade.

A new Position Statement released by Diabetes Australia, the Australian Diabetes Educators Association and the Australian Diabetes Society sets out the scale of the problem, the challenges, and a range of new approaches needed.

“Gestational diabetes is the fastest growing type of diabetes in Australia,” said Diabetes Australia CEO Professor Greg Johnson.

“Over 110 pregnant women are diagnosed with the condition every day.

“And these women are at higher risk of serious complications during the birth, the babies are more likely to need special care in hospital, and both mum and the baby are at higher risk of developing type 2 diabetes later in life.

“It’s often a great shock to the woman and family and the first time they have heard about diabetes. It can cause great distress. And the management of gestational diabetes during pregnancy often needs insulin injections to maintain glucose levels in a healthy range.

“After gestational diabetes, women are much more likely to develop type 2 diabetes and the children are also at an increased health risk.

“There is an insidious intergenerational issue with gestational diabetes and we have to ensure that women and their children can access the care and support they need to reduce their risk.”

A/Professor Glynis Ross, Endocrinologist and President of the Australian Diabetes Society said the number of women being diagnosed with gestational diabetes had been growing over the past decade.

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In the past ten years we've seen the number of women with gestational diabetes annually grow by almost 200%. In the past year over 41,000 women developed gestational diabetes," A/Professor Ross said.

"There are a number of reasons for this including the increasing age of Australian mums, their health when they fall pregnant and the changing ethnic makeup of Australia.

"Many of these factors are non-modifiable but there are a number of things we can do to help ensure pregnant women are in the best shape possible to reduce their risk of developing the condition.

"This could include ensuring all pregnant women can access dietetic support from dietitians with expertise in pregnancy."

A/Professor Ross said that, in addition to the long-term implications of the significant upsurge in women being diagnosed with gestational diabetes, there were also serious impacts in the short-term.

"The condition makes pregnancy higher risk for both mother and baby. Babies born to mothers with gestational diabetes are more likely to be born early and more often by caesarean delivery, be larger babies, need support for managing glucose levels or breathing problems, and a range of other problems," she said.

"Women with gestational diabetes need intensive nutrition and glucose management to avoid serious problems. With the best possible management and care, the risks can be reduced, and women can avoid complications."

Australian Diabetes Educators Association President Brett Fenton said additional funding would help more credentialed diabetes educators provide essential education to women with gestational diabetes.

"Specialised education is an important part of managing gestational diabetes, however gestational diabetes education and care is not covered by Medicare or many private health insurance funds," Mr Fenton said.

"This means many women either have to pay for private practitioner services, or to try and access services through an already over-burdened public system.

"This means some women miss out on diabetes education altogether. A new Medicare item is needed to help women with gestational diabetes access credentialed diabetes educators, accredited practising dietitians and other essential allied health professionals."

Professor Johnson said this should be part of a more comprehensive approach to supporting women with gestational diabetes.

“New approaches are needed for pre-pregnancy, during pregnancy, and after pregnancy,” he said.

“This means help for women to be a healthy weight before pregnancy, improved access to diabetes education and support for women with gestational diabetes during pregnancy as well as ongoing support and care these women need after giving birth.

“We need to have GPs more actively involved in follow up testing to detect type 2 diabetes or prediabetes and provide accessible type 2 diabetes prevention programs for families in the years after gestational diabetes.

“We also need more funding for public health services, including diabetes centres, to ensure nobody misses out on essential care and support.”

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