



# Ohio Gestational Diabetes Postpartum Care Learning Collaborative

Check her risk. Protect her health.

<p><i>What?</i></p>	<p>The Ohio Gestational Diabetes Mellitus (GDM) Postpartum Care Learning Collaborative will assist practices that serve pregnant women diagnosed with GDM in improving care by focusing on the following evidence-based <b>strategies</b>:</p> <ul style="list-style-type: none"> <li>• Increase <b>education</b> to the woman regarding the risks of developing diabetes and the subsequent health challenges;</li> <li>• Promote follow-up diabetes <b>screenings post-partum</b>;</li> <li>• Improve <b>care coordination</b> between the OBGYN, PCPs and other specialty providers.</li> </ul>
<p><i>Why?</i></p>	<p>GDM affects an estimated 3 to 9 percent of all pregnancies; in Ohio, this equates to an estimated 13,000 pregnancies each year.<sup>1</sup> About half of all women diagnosed with GDM during pregnancy will ultimately develop T2DM, with non-Caucasian and Hispanic women at elevated risk.<sup>2,3</sup></p> <p>Women diagnosed with GDM may not be fully informed of the risks of developing diabetes during the post-partum period and may therefore have little motivation to return for this screening. Changes in the way health care is delivered may <b>increase the percentage of women who are screened during the post-partum period</b>. Educating women with GDM to practice healthy behaviors during pregnancy and postpartum can lead to improved outcomes for both mom and baby!</p>
<p><i>Who?</i></p>	<p>Wave 3 sites are eligible if they serve a <b>high volume of Medicaid clients</b>, women who are eligible for Medicaid, or uninsured women. Additionally, preference will be given to sites serving a high volume of <b>African American, Hispanic, and/or Appalachian clientele</b>. All sites must provide postpartum care to their clients and demonstrate a commitment to improving postpartum screening and visit rates.</p>
<p><i>How?</i></p>	<p>By November of 2017, <b>5 Ohio practices providing care to women during pregnancy and post-partum</b> will participate in a deep dive design of experiment testing strategies identified previously for effectiveness. Participating practices will learn about:</p> <ul style="list-style-type: none"> <li>• Providing enhanced education and prenatal care to women with GDM;</li> <li>• Piloting innovative resources that will streamline daily practice;</li> <li>• Enhancing continuity of care between OB/GYNs, patients, and Primary Care Providers (PCPs); and</li> <li>• Improving health outcomes for patients and their babies.</li> </ul> <p><b>Benefits of Participation include:</b></p> <ol style="list-style-type: none"> <li>1. Work with a diverse project team that includes clinical, administrative, and QI staff;</li> <li>2. Pilot innovative strategies and resources into your daily practice;</li> <li>3. Participate in monthly coaching calls to effectively implement tests of change using QI methodologies; and,</li> <li>4. Collect monthly data and receive rapid cycle data feedback on collaborative successes.</li> </ol>

For more information or to become an Early Adopter, please contact **Hilary Metelko Rosebrook**, [Hilary.Rosebrook@osumc.edu](mailto:Hilary.Rosebrook@osumc.edu)

Resources are available online at: <http://ohiogdm.com>.

<sup>1</sup> Standards of medical care in diabetes—2013. Diabetes Care, 34(Suppl 1), S11–S66.

<sup>2</sup> Standards of medical care in diabetes—2013. Diabetes Care, 34(Suppl 1), S11–S66.

<sup>3</sup> Getahun, D., Nath, C., Ananth, C. V., Chavez, M. R., & Smulian, J. C. (2008). Gestational diabetes in the United States: temporal trends 1989 through 2004. American Journal of Obstetrics and Gynecology, 198(5), 525 e1–525 e5.