## What?
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 strategies:

- Increase **education** to the woman regarding the risks of developing diabetes and the subsequent health challenges;
- Promote follow-up diabetes **screenings post-partum**;
- Improve **care coordination** between the OBGYN, PCPs and other specialty providers.

## Why?
GDM affects an estimated 3 to 9 percent of all pregnancies; in Ohio, this equates to an estimated 13,000 pregnancies each year. About half of all women diagnosed with GDM during pregnancy will ultimately develop T2DM, with non-Caucasian and Hispanic women at elevated risk. 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 **increase the percentage of women who are screened during the post-partum period.** Educating women with GDM to practice healthy behaviors during pregnancy and postpartum can lead to improved outcomes for both mom and baby!

## Who?
Wave 3 sites are eligible if they serve a **high volume of Medicaid clients**, women who are eligible for Medicaid, or uninsured women. Additionally, preference will be given to sites serving a high volume of **African American, Hispanic, and/or Appalachian clientele**. All sites must provide postpartum care to their clients and demonstrate a commitment to improving postpartum screening and visit rates.

## How?
By November of 2017, **5 Ohio practices providing care to women during pregnancy and postpartum** will participate in a deep dive design of experiment testing strategies identified previously for effectiveness. Participating practices will learn about:

- Providing enhanced education and prenatal care to women with GDM;
- Piloting innovative resources that will streamline daily practice;
- Enhancing continuity of care between OB/GYNs, patients, and Primary Care Providers (PCPs); and
- Improving health outcomes for patients and their babies.

**Benefits of Participation include:**

1. Work with a diverse project team that includes clinical, administrative, and QI staff;
2. Pilot innovative strategies and resources into your daily practice;
3. Participate in monthly coaching calls to effectively implement tests of change using QI methodologies and;
4. Collect monthly data and receive rapid cycle data feedback on collaborative successes.

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