



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 strategies:</p> <ul style="list-style-type: none"> • 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.
<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.¹ About half of all women diagnosed with GDM during pregnancy will ultimately develop T2DM, with non-Caucasian and Hispanic women at elevated risk.^{2,3}</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 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!</p>
<p><i>Who?</i></p>	<p>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.</p>
<p><i>How?</i></p>	<p>By November of 2017, 5 Ohio practices providing care to women during pregnancy and post-partum 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"> • 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. <p>Benefits of Participation include:</p> <ol style="list-style-type: none"> 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.

For more information or to become an Early Adopter, please contact **Hilary Metelko Rosebrook**, Hilary.Rosebrook@osumc.edu

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

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

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

³ 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.