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Title	Optimising the implementation of guidelines for the post partum testing and management of gestational diabetes in South Asian women in Australia
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Optimising the implementation of guidelines for the postpartum testing and management of gestational diabetes in South Asian women in Australia

TO THE EDITOR: Gestational diabetes mellitus (GDM) is being diagnosed with increasing frequency in Australia, with the greatest prevalence reported in South Asian women.^{1,2} South Asian women, comprising Indians, Sri Lankans, Bangladeshis, Afghanis and Pakistanis, are more likely to have GDM and develop type 2 diabetes than Caucasian women.^{1,2} Data from the landmark Mothers after Gestational Diabetes in Australia trial show that about 40% of the 573 women recruited into the trial were from an Asian background.² Retention rates for the intervention and usual care groups were 73% and 79%, respectively.²

The Royal Australian College of General Practitioners³ and the Australasian Diabetes in Pregnancy Society⁴ recommend oral glucose tolerance testing 6–12 weeks post partum for women who experienced a GDM-complicated pregnancy. Repeat testing should be performed every 1–2 years among women with normal glucose tolerance and the potential for further pregnancies.

If further pregnancy is not possible, follow-up testing should be performed every 3 years, with more frequent retesting depending on clinical circumstances.⁵

Although studies have been conducted to evaluate the implementation of post partum guidelines generally in women with a history of GDM,⁶ there is no information about the implementation and uptake of guidelines in high risk ethnic populations. Additionally, there is evidence to suggest that culturally specific GDM follow-up care would increase adherence to diet and lifestyle modifications during the interconception period in high risk ethnic women.⁷ Therefore, as a high risk group for progression to type 2 diabetes following GDM, South Asian women in Australia should be targeted for testing, and culturally appropriate lifestyle interventions, before conception.

General practitioners have a critical role in the post partum, interconception and pre-pregnancy care of women with previous GDM. This is even more pronounced in high risk populations such as South Asians. More culturally appropriate resources are therefore required to assist with recommended lifestyle modifications to reduce risks for future development of GDM or type 2 diabetes.

There is an urgent need for qualitative research to focus on identifying the barriers and enablers to the implementation of the Royal Australian College of General Practitioners guidelines for the management of GDM, with a particular focus on GDM interconception care for South Asian women. Findings may be used to inform the development phase of an intervention aimed at improving the implementation and uptake of GDM guidelines among high risk populations in Australian general practice.

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