



ORIGINAL ARTICLE

Health care of pregnant women with diabetes in Spain: Approach using a questionnaire[☆]



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KEYWORDS

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Pregnancy;
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Implementation guidelines;
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Abstract

Objective: To ascertain how health care for pregnant women with gestational diabetes (GD) and pregestational diabetes (PGD) is organized, and to estimate the number of Pregnancy and Diabetes Units (PDUs) in Spain in 2013.

Material and methods: The Spanish Group of Diabetes and Pregnancy (GEDE) developed and agreed on a questionnaire based on the recommendations of the group. The questionnaire was sent to members of the Spanish Society of Diabetes and the Spanish Society of Endocrinology and Nutrition.

Results: Eighty-seven questionnaires were received from 81 hospitals, 4 outpatient specialty centers, and 2 primary healthcare centers, which accounted for 51% of the Spanish population and for 39% of births in 2013. GD was mainly diagnosed based on GEDE recommendations (98%), and less than 50% of women were reevaluated after delivery in primary care. Fourteen (26%) of the 53 centers identified as PDUs corresponded to a minimal model. Continuous subcutaneous insulin infusion (CSII) therapy was not available in 30% of centers, and 13% of hospitals had no preconceptional clinics. No nurse support was available in 20% of centers.

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◇ The Grupo Español de Diabetes y Embarazo (GEDE) is a multidisciplinary group composed of members of the Sociedad Española de Diabetes (SED) and the Sociedad Española de Ginecología y Obstetricia (SEGO), whose current composition stated in Appendix A.

PALABRAS CLAVE

Diabetes mellitus;
Embarazo;
Diabetes gestacional;
Diabetes
pregestacional;
Implementación guías
clínicas;
Equipo
multidisciplinario

Conclusions: Care of women with PGD has a fair coverage with PDU, but significant deficits still exist, for instance, in preconception clinic and CSII. However, organization of care for women with GD appears to be adequate. There are aspects in need of improvement such as integration of diabetes educators and coordination with primary care for postpartum reclassification.

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Asistencia sanitaria de la mujer gestante con diabetes en España: aproximación usando un cuestionario

Resumen

Objetivo: Conocer la organización de la atención sanitaria de las gestantes con diabetes gestacional (DG) y diabetes pregestacional, y estimar el número de unidades de diabetes y gestación en España en 2013.

Material y métodos: El Grupo Español de Diabetes y Embarazo elaboró y consensuó un cuestionario basándose en las recomendaciones de la guía asistencial del grupo. El cuestionario fue enviado a los miembros de la Sociedad Española de Diabetes y de la Sociedad Española de Endocrinología y Nutrición.

Resultados: Se recibieron 87 cuestionarios (81 hospitales, 4 centros de especialidades, 2 centros de salud), que representaban al 51% de la población censada en España y el 39% de los partos atendidos en el año 2013. El diagnóstico de la DG se hizo mayoritariamente siguiendo recomendaciones del Grupo Español de Diabetes y Embarazo (98%), y en menos del 50% de los casos la reclasificación posparto se realizó en atención primaria. De los 53 centros considerados unidades de diabetes y gestación 14 (26%) respondían a un modelo mínimo. El 13% de los centros no realizan clínica preconcepcional, y un 30% no contaban con terapia con infusión subcutánea continua de insulina. En un 20% de los centros la asistencia la realizaba el facultativo sin apoyo de enfermería.

Conclusiones: La asistencia de las mujeres gestantes con diabetes pregestacional tiene una cobertura intermedia con carencias importantes, como clínica preconcepcional e infusión subcutánea continua de insulina, mientras que en las mujeres con DG se puede considerar suficiente. Existen aspectos a mejorar, como la integración de la educadora en diabetes y la coordinación con atención primaria para la reclasificación posparto.

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Introduction

Diabetes mellitus is the endocrine-metabolic disease that most commonly complicates pregnancy, either as gestational diabetes (GD) or as pregestational diabetes (PGD). The significance of the disease stems from both its prevalence and the negative implications for the mother, fetus, and newborn,¹ despite the fact that the associated complications have decreased in the past four decades.² The treatment of GD is associated with a decreased frequency of preeclampsia, shoulder dystocia, and macrosomia.³ On the other hand, the planning of pregnancy and preconception controls in PGD have been associated with a decreased frequency of congenital malformations, the risk of preterm delivery, and perinatal mortality.^{4,5}

The objectives, management, and resources (both material and human) required for an adequate metabolic, obstetric, and perinatal control of pregnancies complicated with diabetes are regularly reviewed and published in the guidelines for care of the main scientific bodies.⁶⁻⁹ The Spanish Group on Diabetes and Pregnancy (GEDE) of the

Spanish Diabetes Society (SED) recently updated its guidelines regarding patient care, adapting the scientific evidence available to the currently existing working environment.¹ In any health system, understanding the actual situation and the level of care provided to pregnant women with diabetes is essential in order to achieve adequate maternal and fetal outcomes, to be able to detect deficiencies, and to propose improvements.

In this regard, the GEDE wanted to know as much as possible regarding the organization of care for pregnancies complicated by diabetes, the services provided, the material and human resources available and, especially, the diabetological care available. An attempt was made to estimate the number and characteristics of diabetes and pregnancy units (DPUs) and the population they cover.

Patients and methods

This observational, retrospective, cross-sectional study was designed to evaluate how care is provided to women with

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