

Gestational diabetes an important indicator of developing type 2 diabetes for Aboriginal women

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A new study has found that Aboriginal women with gestational diabetes (GDM) are at an increased risk of developing type 2 diabetes within a short timeframe after pregnancy than non-Indigenous women.

The importance of access to diabetes prevention programs for diabetes is highlighted by this study and in keeping with the theme access to diabetes care, the feature of this year's World Diabetes Day on Sunday.

Additionally, for Aboriginal women with GDM who proceeded to have diabetes postpartum, their risk markers for cardiovascular disease were higher than women who did not have GDM.

According to study lead, Dr Anna Wood, Menzies School of Health Research (Menzies) PhD student and Endocrinologist, Royal Darwin Hospital (RDH), this is the first prospective study on the cumulative incidence of type 2 diabetes among Aboriginal women after a pregnancy with GDM.

"Globally, the prevalence of GDM and type 2 diabetes is increasing, and we know that women with GDM are at a higher risk of developing type 2 diabetes after pregnancy," Dr Wood said.

"We found that Aboriginal women with GDM had a very high rate of progression to type 2 diabetes (22 per cent) in a very short timeframe after pregnancy (2.5 years) in comparison to no non-Indigenous women developing diabetes in this timeframe.

"We also found that women were more likely to develop postpartum diabetes if they were older, had higher glucose values in pregnancy, used insulin in pregnancy and had a higher body mass index (BMI)."

Co-author, Menzies Senior Principal Research Fellow and Head of Department of Endocrinology, RDH, Professor Louise Maple-Brown says the study highlighted a need for policies on postpartum prevention of diabetes to be developed in partnership with Aboriginal women with GDM.

"The high progression to type 2 diabetes for Aboriginal women early in the postpartum period highlights the importance of early postpartum screening after GDM, prevention programs and a need for systems and social policy change to address food security, poverty, structural racism and other social and cultural determinants driving the diabetes epidemic," Prof Maple-Brown said.

"Through our prospective observational birth cohort study, *The Pregnancy and Neonatal Diabetes Outcomes in Remote Australia (PANDORA) study*, we were in a unique position to follow women with and without diabetes in pregnancy. Thus we could assess their diabetes markers two and a half years postpartum as part of Wave 1 follow-up. In Wave 2, five years

postpartum we will again be able to see the impact of GDM on diabetes diagnoses in the study cohort.”

The study, *Type 2 diabetes after a pregnancy with gestational diabetes among First Nations women in Australia: the PANDORA study*, was recently published in the journal *Diabetes Research and Clinical Practice*. The full paper can be read [here](#).

For more information about the PANDORA study visit [https://www.menzies.edu.au/page/Research/Projects/Diabetes/The Northern Territory Diabetes in Pregnancy Partnership Project/](https://www.menzies.edu.au/page/Research/Projects/Diabetes/The_Northern_Territory_Diabetes_in_Pregnancy_Partnership_Project/)

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