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Columns: Systematic Reviews

Pregnancy and neonatal outcomes in indigenous Australians with diabetes in pregnancy

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Abstract

AIM: To perform a systematic review of reported neonatal and pregnancy outcomes of Indigenous Australians with diabetes in pregnancy (DIP).

METHODS: Electronic searches of PubMed and Web of Science were carried out. Articles were selected if they contained original data on DIP outcomes in Indigenous Australians. There were no specific exclusion criteria.

RESULTS: A total of eight articles, predominantly from Queensland (Old)

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Abstract

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BMC Pregnancy Childbirth. 2013 Dec 1;13:221. doi: 10.1186/1471-2393-13-221.

Pregnancy And Neonatal Diabetes Outcomes in Remote Australia (PANDORA) Study.

Maple-Brown LJ¹, Brown A, Lee IL, Connors C, Oats J, McIntyre HD, Whitbread C, Moore E, Longmore D, Dent G, Corpus S, Kirkwood M, Svenson S, van Dokkum P, Chitturi S, Thomas S, Eades S, Stone M, Harris M, Inglis C, Dempsey K, Dowden M, Lynch M, Boyle J, Sayers S, Shaw J, Zimmet P, O'Dea K.

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Abstract

BACKGROUND: Diabetes in pregnancy carries an increased risk of adverse pregnancy outcomes for both the mother and foetus, but it also provides an excellent early opportunity for intervention in the life course for both mother and baby. In the context of the escalating epidemic of chronic diseases among Indigenous Australians, it is vital that this risk is reduced as early as possible in the life course of the individual. The aims of the PANDORA Study are to: (i) accurately assess rates of diabetes in pregnancy in the Northern Territory (NT) of Australia, where 38% of babies are born to Indigenous mothers; (ii) assess demographic, clinical, biochemical, anthropometric, socioeconomic and early life development factors that may contribute to key maternal and neonatal birth outcomes associated with diabetes in pregnancy; and (iii) monitor relevant post-partum clinical outcomes for both the mothers and their babies.

METHODS/DESIGN: Eligible participants are all NT women with diabetes in pregnancy aged 16 years and over. Information collected includes: standard antenatal clinical information, diagnosis and management of diabetes in pregnancy, socio-economic status, standard clinical birth information (delivery, gestational age, birth weight, adverse antenatal and birth outcomes). Cord blood is collected at the time of delivery and detailed neonatal anthropometric measurements performed within 72 hours of birth. Information will also be collected regarding maternal post-partum glucose tolerance and cardio-metabolic risk factor status, breastfeeding and growth of the baby up to 2 years post-partum in the first instance.

DISCUSSION: This study will accurately document rates and outcomes of diabetes in pregnancy in the NT of Australia, including the high-risk Indigenous Australian population. The results of this study should contribute to policy and clinical guidelines with the goal of reducing the future risk of obesity and diabetes in both mothers and their offspring.

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