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Media Statement

WA RESEARCH HELPS IDENTIFY WOMEN AT RISK OF HAVING LARGE BABIES

WA diabetes researchers aiming to simplify gestational diabetes screening have discovered that a blood test early in pregnancy can help identify Aboriginal women at risk of having large babies.

Research leader Associate Professor Julia Marley, from the Rural Clinical School of Western Australia, said the discovery was made through the ORCHID Study, which aims to simplify screening for high blood glucose levels in pregnancy.

“Our recently-published research shows the risk of having a large baby is twice as high in women with an early HbA1c above the normal range compared to women who were in the normal range and did not develop gestational diabetes later in pregnancy. These mums with high HbA1c results likely had prediabetes going into pregnancy,” said Associate Professor Marley.

HbA1c has been used in the Kimberley since 2014 to diagnose prediabetes and diabetes.

“Almost 3 in 4 of them went on to have a positive Oral Glucose Tolerance Test – also known as the sugar drink test – which is the current standard way to test for gestational diabetes, later in pregnancy.

“Having a large baby can cause birth complications for mum and these larger infants are more likely to develop obesity and type 2 diabetes in later life, so if we can detect high blood sugar levels using an early pregnancy HbA1c test, we have a chance of reducing that risk.”

Associate Professor Marley said the research team was working on updating the Kimberley Diabetes in Pregnancy protocol as they progressed their study.

“We hope to use this research to replace early Oral Glucose Tolerance Testing, which is currently recommended for those at higher risk of gestational diabetes, with the HbA1c test because the sugar drink test is time-consuming and uncomfortable, leading to many Aboriginal women in regional and remote WA choosing not to do it,” she explained.

“If they don’t complete it, we have less chance of managing their risk of having a large baby, so it’s critical we overcome this issue.”

The current phase of this study, which is funded by a \$60,000 Diabetes Research WA grant, includes 68 pregnant women from WA’s Kimberley region and has recently expanded into the Goldfields.

“The blood test approach requires no fasting or glucose drink so if we can fine-tune this to be rolled out across the board in high risk groups, it will be a great advance,” said Associate Professor Marley.

“We also hope to use this new model to categorise women as having a low, medium or high risk of experiencing birth complications due to their blood glucose levels, rather than simply diagnosing them as having or not having gestational diabetes.”

The researchers are also planning on co-designing culturally appropriate management strategies with and for Aboriginal women with prediabetes in pregnancy.

Diabetes Research WA executive director Sherl Westlund said research into the condition is urgent because gestational diabetes is the fastest growing form of diabetes in Australia.

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“Women with gestational diabetes also face a higher risk of developing type 2 diabetes at a later date so it’s a health issue that needs a lot more attention,” she said.

Prediabetes and gestational diabetes, which only appears in pregnancy, can usually be managed with diet and lifestyle changes, and sometimes medication.

Currently, the Oral Glucose Tolerance Testing (OGTT) is done between 24 and 28 weeks of pregnancy. Women fast and undergo blood tests before and after drinking a glucose-loaded mixture, meaning the test takes more than two hours.

Head to diabetesresearchwa.com.au to find out more.

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*[https://www.diabetesresearchclinicalpractice.com/article/S0168-8227\(21\)00227-8/fulltext](https://www.diabetesresearchclinicalpractice.com/article/S0168-8227(21)00227-8/fulltext)

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