Wellness and EmpOwerement for all Women

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Summary of Project

Wellness and EmpOwerment for all Women (WOW) has established linkage between an existing successful maternal diabetes program at Prisma Health, MOMs in Control of Diabetes (MOMs), to postpartum primary care ensuring an intentional continuum of care for women of reproductive age with diabetes or history of gestational diabetes (GDM).

Key foundational components accomplished include:

- **The development of a multidisciplinary primary care team including primary care physicians, diabetes care and education specialists, nurse navigator and a community health worker (CHW).**
- **Collaboration between primary care and ob-gyn utilizing streamlined referral workflow and warm handoffs between WOW and MOMs teams.**

Primary Goals

- **Primary care establishment for women of reproductive age with diabetes or at risk for diabetes, including women with history of GDM.**
- **Smooth postpartum transition of care between ob-gyn and primary care.**
- **Improve diabetes management for women with diabetes by providing multidisciplinary care including diabetes care and education specialists.**
- **Focus on retention in primary care by utilizing nurse navigation, community health worker services and collaboration with MOMs.**
- **Improve glucose tolerance test (GTT) completion rate for women with gestational diabetes.**
- **Identify and address social drivers of health (SDOH) and connect patients to resources.**

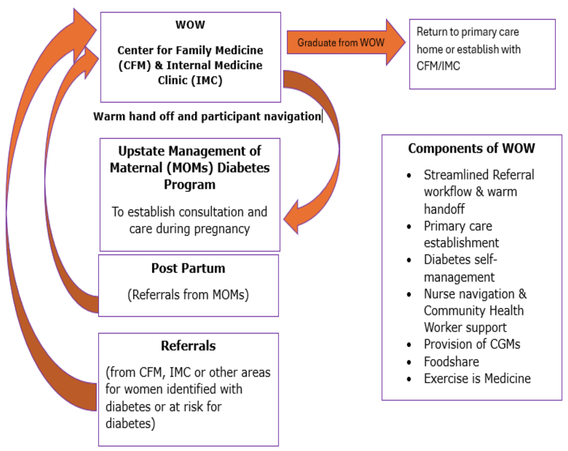
Key Partners and Collaborators

MOMs Upstate

FoodShare Greenville

Exercise is Medicine Greenville

Meals on Wheels



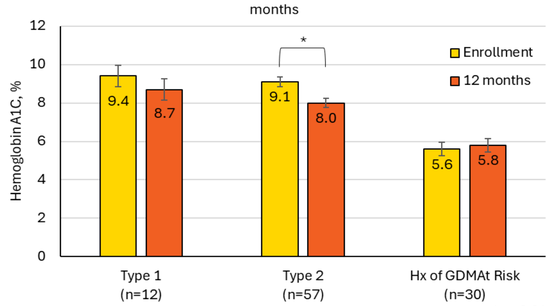
Results

Table 1: Comparison of baseline characteristics of enrolled patients by diabetes type.

	Diabetes Type		
	Type 1	Type 2	At-Risk[a]
	8.1 (35)	37.1 (161)	54.8 (238)
Race, % (n)			
Black	25.7 (9)	36.0 (58)	15.3 (36)
White	65.7 (23)	59.0 (95)	75.0 (177)
Other	8.6 (3)	5.0 (8)	9.8 (23)
Ethnicity, Hispanic, % (n)	17.7 (6)	41.0 (66)	67.7 (161)
Maternal age, mean years (SD)	29.3 (7.2)	34.7 (6.7)	32.2 (6.1)
Insurance, % (n)			
Government	50.0 (17)	55.8 (87)	60.1 (137)
Commercial	32.4 (11)	19.9 (31)	8.3 (19)
Self-Pay	17.7 (6)	22.4 (35)	30.7 (70)
Married, % (n)	29.4 (10)	35.5 (54)	30.7 (69)
BMI, mean (SD)	27.8 (5.8)	38.3 (10.0)	34.4 (8.7)
Recent Pregnancy[b], % (n)	50.0 (2)	75.0 (33)	87.0 (67)

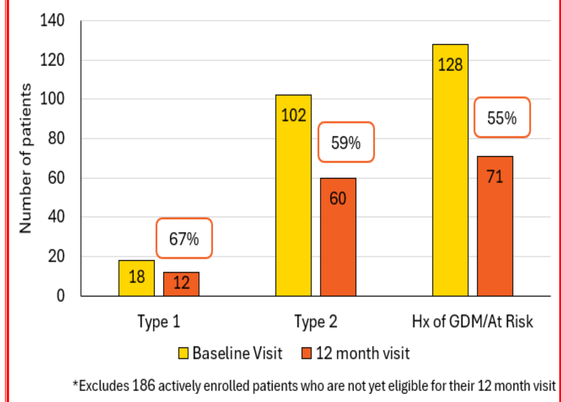
[a]At-Risk for the development of diabetes [info]
[b]Delivery within the previous year

Figure 1: Hemoglobin A1C by diabetes type at WOW enrollment and 12 months



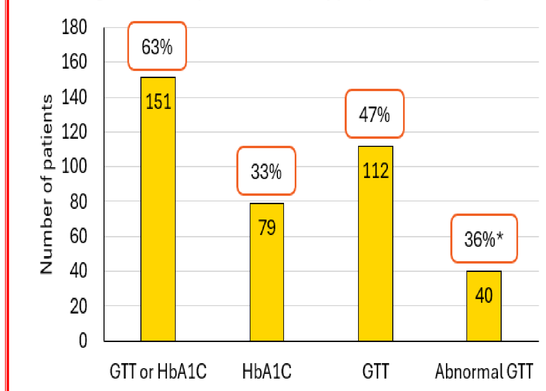
Results

Figure 2: 12 month visit retention by diabetes type



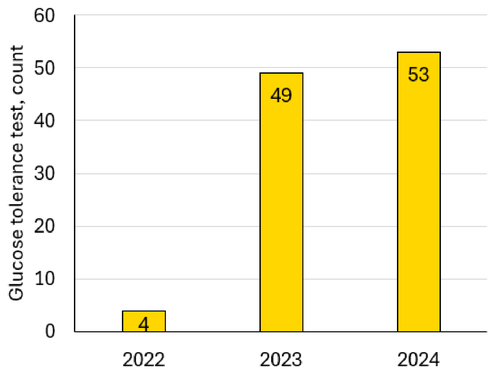
*Excludes 186 actively enrolled patients who are not yet eligible for their 12 month visit

Figure 3: At Risk patients with timely postpartum screening



*Out of patients recieving postpartum GTTs

Figure 4: Glucose tolerance test completion by grant year



Discussion

- **Figure 1 demonstrates a statistically significant HbA1c decrease for women with Type 2 diabetes and a clinically significant HbA1c decrease for the ones with Type 1 diabetes.**
- **Retention of patients in the program so far is greater than 50% for all categories as demonstrated in Figure 2.**
- **Figure 3 demonstrates that 63% of eligible patients had appropriate postpartum screening with GTT/HbA1c and 36% had an abnormal GTT.**
- **Consistent rise in GTT completion is demonstrated through grant year 2024 as seen in Figure 4.**

Conclusion

- **Multidisciplinary care in WOW has shown positive impacts on patients' HbA1c with the largest benefit seen in women with Type 2 diabetes.**
- **Previous large cohort studies indicated postpartum diabetes screening of 10-39% in women with history of GDM.[1,2] WOW accomplished 63% completion in similar population. 36% of these patients were timely identified to have new onset Prediabetes or Type 2 diabetes.**
- **Challenges persist especially for women with GDM to successfully establish and maintain primary care. Further work is needed to explore and address patient specific SDOH and provide coordinated maternal-newborn and dyad care.[3]**

Acknowledgments

Funded by the BlueCross BlueShield of South Carolina Foundation to support the goals of Diabetes Free SC.

References

1. Bauer, Samuel T. et al.American Journal of Obstetrics & Gynecology, Society for Maternal-Fetal Medicine Special Statement: Quality metric on the rate of postpartum diabetes screening after pregnancies with gestational diabetes mellitus Volume 228, Issue 4, B2 - B9 2. D'Amico R, Dalmacy D, Akinduro JA, et al. Patterns of Postpartum Primary Care Follow-up and Diabetes-Related Care After Diagnosis of Gestational Diabetes. JAMA Netw Open. 2023;6(2):e2254765. doi:10.1001/jamanetworkopen.2022.54765 3. Martinez NG, Niznik CM, Yee LM. Optimizing postpartum care for the patient with gestational diabetes mellitus. Am J Obstet Gynecol. 2017 Sep;217(3):314-321. doi: 10.1016/j.ajog.2017.04.033. Epub 2017 Apr 26. PMID: 28455081; PMCID: PMC5581263.