

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 4 July 2016

Supervisor Information (First named supervisor will be the contact):		
First Supervisor's Name and Title: Dr Ruth Hughes		
Department - UOC &/or CDHB (if applicable): Obstetrics and Gynaecology		
First Supervisors Phone: 0272127309	First Supervisors Email:	
First Supervisors Mailing Address: University Department of O&G, Christchurch Women's Hospital		
Co-Supervisors Name and Title(s): Dr Jo Gullam		
Research Category (Choose one category only – to be used for judging the students' presentations):		
Clinical <input checked="" type="checkbox"/>	Laboratory <input type="checkbox"/>	Community <input type="checkbox"/>
Project Title (20 words MAXIMUM):		
Predictive Value of HbA1c in Women with Newly Diagnosed Gestational Diabetes		
Project Description:		

Introduction:

Our clinic routinely measures HbA1c in women who are diagnosed with gestational diabetes (GDM). It was thought to be a useful test in both identifying women who may have undiagnosed type 2 diabetes and to monitor whether treatment during pregnancy was effective. However, in October 2015 HbA1c was added to the first antenatal screen to identify women with unrecognised pre-diabetes and diabetes in early pregnancy. As a result, women diagnosed with GDM in mid-pregnancy (24-28 weeks) are assumed to be a **less 'high risk' group than those diagnosed at an earlier gestation**, therefore HbA1c may no-longer be a cost effective monitoring tool in this group of pregnant women.

Aim:

To assess whether in women with GDM, HbA1c measured at diagnosis is a predictor of: adverse pregnancy outcome, the need for treatment with metformin or insulin, or persistent hyperglycaemia postpartum.

Possible impact:

Either we will find that

- A) HbA1c, measured in women with newly diagnosed GDM in mid-pregnancy, is useful in triaging women who are more likely to need intensive follow-up during the remainder of pregnancy and postpartum
- or
- B) HbA1c is of no predictive value in women with newly diagnosed GDM in mid-pregnancy. Thus we will recommend that HbA1c is no longer routinely measured in this group of women, leading to potential cost savings of over \$3000 per annum.

Method:

This will be a retrospective study of women who attend our pregnancy diabetes clinic following a diagnosis of GDM in mid-pregnancy over a six month period, between March 1st 2016 and 31st August 2016. Electronic databases will be utilised to match maternal clinical and laboratory data, pregnancy outcome data, and postnatal laboratory data. The student will enter the information into an excel spreadsheet and analyse the data with the assistance from a biostatistician.

Student Prerequisites (eg. Medical Student) if applicable:

Medical student