Northern Territory Diabetes in Pregnancy (NT DIP) Key Findings Reports (2019) & (2011- 2019)

The Northern Territory Diabetes in Pregnancy Clinical Register (NT DIP Clinical Register) commenced in 2011. The Summary of Key Findings Reports are provided annually and provide calendar year and cumulative data (2011-2019) for Central Australia, Top End and the whole of the NT.

Maternal characteristics in the Top End

As of 31 December 2019, there were 2,737 women on the NT DIP Clinical Register.

In 2019, 458 women gave birth to 468 children. Of these, 333 mothers and 342 babies were from the Top End.

In the Top End, 23% of the women listed on the register identified as Aboriginal and/or Torres Strait Islander women compared to 37% in the 2011- 2019 report. 2019 also saw a lower proportion of remote Indigenous women compared to previous years (48% vs 70%). In the annual report a larger portion of women had limited ethnicity information beyond that of Indigenous or non-Indigenous. 36% were non-Indigenous but otherwise unspecified compared to 9% in the cumulative report and 11% listed as 'other ethnic group' across both. The rest of the women identified as: European descent (12%) and Indian (13%).

Mother's diabetes type in the Top End

- Of all the women with any type of diabetes in pregnancy, among Aboriginal and/or Torres Strait Islander women, 26% had type 2 diabetes and 74% had gestational diabetes;
- Of all the women with any types of diabetes in pregnancy, among non-Indigenous women, 95% had gestational diabetes (GDM) and 3% had type 2 diabetes and 2% had type 1.

Prenatal care in the Top End

- 71% of Aboriginal and Torres Strait Islander women and 85% of non-Indigenous mothers had an ultrasound before or at 13 weeks of pregnancy.
- Aboriginal and Torres Strait Islander women with type 2 diabetes had an average HbA1c of 8.1%, undertaken at a median gestation of 13.4 weeks compared to non-Indigenous women with type 2 diabetes who had an average HbA1c of 6.7% (completed at median gestation of 6.4 weeks). These results are higher than recommended for women with type 2 diabetes who are planning a pregnancy (ideally HbA1c less than 6.5% pre-pregnancy).

Top End Birth outcomes in 2019

- Approximately 41% of babies born to mothers with type 2 diabetes were considered large for gestational age (LGA); and babies were born at an average of 36.4 weeks gestation. This was higher than the cumulative (2011- 2019) report where 31% were LGA; and born at 36.8 weeks gestation. In 2019, 13% of babies born to mothers with GDM were LGA and all babies from GDM mothers were born at 37.8 weeks gestation, which is similar to the cumulative report where 12% of babies born to mothers with GDM were considered LGA, but born a little later, on average, at 38.2 weeks gestation.
- 75% of women with type 2 diabetes had a caesarean section and 41% of women with GDM had a caesarean section. The report with cumulative data (2011-2019) for the Top End (2011-2019) reports 58% of women with type 2 diabetes had caesarean sections and 43% of women with GDM had caesarean sections.
- Babies of mothers with type 2 diabetes were more likely to have major congenital anomalies (8%) compared to 2% of babies born to women with GDM.

These findings highlight the importance of continuing opportunistic preconception health checks and support for women with type 2 diabetes to achieve a healthy lifestyle and optimal blood glucose levels prior to pregnancy to help reduce risk.