

Rates of diabetes in pregnancy continue to rise in the Northern Territory

July 27 2020



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The burden of diabetes in pregnancy has grown substantially in the Northern Territory (NT) over three decades and is contributing to more babies being born at higher than expected birthweights according to a

new study.

The study, "Diabetes during pregnancy and birthweight trends among Aboriginal and non-Aboriginal people in the Northern Territory of Australia over 30 years," was recently published in the inaugural edition of *The Lancet Regional Health—Western Pacific*.

Researchers from Menzies School of Health Research (Menzies) investigated the [birth records](#) of almost 110,000 babies born in the NT between 1987 and 2016. These babies were born to about 65,000 mothers, of whom 36 percent identified as Aboriginal and/or Torres Strait Islander.

Lead author, Menzies Ph.D. student and specialist physician, Dr. Matthew Hare said that the impact on Aboriginal women in the NT is particularly concerning, with approximately one in five pregnancies to Aboriginal women in recent years complicated by [diabetes](#).

"Diabetes increases the risk of complications arising during pregnancy and childbirth, impacting both the mother and the baby. Previous studies have also shown that if a mother has diabetes during pregnancy, the baby has a higher risk of developing diabetes and obesity themselves in the future," Dr. Hare said.

"During the 30-year period, the number of Aboriginal women who already had type 2 diabetes prior to pregnancy increased substantially. So much so, that we now believe the prevalence of type 2 diabetes in pregnancy among Aboriginal women in the Central Australia region of the NT is the highest reported in the world. Among non-Aboriginal women in the NT, very few people have pre-existing diabetes (either type 1 or type 2), but the rate of gestational diabetes increased six-fold during the study and now affects more than one in ten pregnancies."

According to co-author, Menzies senior principal research fellow, Professor Louise Maple-Brown, the study also had some encouraging findings, with decreasing numbers of growth-restricted [babies](#) and stillbirths over time. Additionally, there was greater antenatal care attendance early in [pregnancy](#) and less births to teenage mothers, reflecting tremendous improvements in [health](#) care over this period.

"The findings relating to diabetes, however, highlight the urgent need for a strengthened public health response to this epidemic," Prof Maple-Brown said.

"The rising burden of diabetes at relatively young ages in the NT is a significant public health issue. We are witnessing an escalating intergenerational cycle of adverse metabolic health, with type 2 diabetes being seen at increasingly young ages. This challenge goes beyond the [health care](#) system, being rooted in issues such as [social inequality](#), poverty, loss of traditional cultures and lifestyle and the cost of fresh food. An intersectoral approach is required to address the social determinants of health, with prevention strategies developed in partnership with Aboriginal and Torres Strait Islander communities."

More information: Matthew J.L. Hare et al. Diabetes during pregnancy and birthweight trends among Aboriginal and non-Aboriginal people in the Northern Territory of Australia over 30 years, *The Lancet Regional Health - Western Pacific* (2020). [DOI: 10.1016/j.lanwpc.2020.100005](#)

Provided by Menzies School of Health Research

Citation: Rates of diabetes in pregnancy continue to rise in the Northern Territory (2020, July 27) retrieved 17 May 2024 from

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