

Capacity and capability of Tanzania health facilities to diagnose and manage diabetes mellitus in pregnancy

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Abstract

Aims

[Gestational Diabetes Mellitus](#) (GDM) remains a neglected cause of maternal and foetal morbidity and mortality in developing countries exacerbated by limited screening and management strategies. This study aimed to understanding how the RCH health system works in Tanzania, so as to provide opportunity for improving GDM screening and management.

Methods

A questionnaire was administered to facility staff and physical performance observed in 30 randomly selected public RCH facilities.

Results

Deficiencies identified included limited understaffing, late booking at ANC, and limited screening for GDM due to lack of equipment and supplies. Most women (96%) attending ANCs and [postnatal care](#) (87%) were managed at respective facilities with only 12% and 22% respectively being referred to higher levels of care. Facility staff were less trained or received fewer refresher courses in [diabetes](#) (0–5%), hypertension (4–6%), and other NCDs (0–16%) compared to training in PMCTC (39%), management of [postpartum bleeding](#) (31%) and HIV/AIDs (31%).

Conclusion

Diabetes during pregnancy is rarely sought in public health facilities and its management is suboptimal. Training and refresher courses of staff in diabetes and hypertension should be uplifted and health systems should be strengthened to improve capacity and capability of facilities for better quality of care.