

Diabetes in Pregnancy: Optimising Care and Normalising Outcomes

Friday 14 May 2010

PRESENTATIONS								
Diabetes Concept	Psychology of Diabetes Care	Insulin Pumps in Pregnancy	Cardiac Disease in the Newborn	PN Risks in Offspring in T1&2	A Woman's experience	Role of DSM - Standards & training	Debate	
P1	P2	P3	P4	P5	P6	P7	P8	
Min	3	4	6	7	4	7	2	6
Max	10	10	10	10	10	10	10	10
Avg	6.2	8.3	8.5	9.1	8.4	9	5.8	8.7

Feedback response rate from the evaluations **66%**

What points of learning will you take away with you from today's forum?

Potential to involve pharmacists in improving pre-pregnancy care

High incidence of pathologic ventricular hypertrophy in neonates of woman with diabetes

Impact of diagnosis - support for women. Increased knowledge of complications. Importance of psychological support

I learnt something from all the presentations

All that has been presented today

Consideration of the psychiatric/psychological effect of diabetes on a person and how this can affect pregnancy. Cardiac conditions esp. 2nd & 3rd complication

Pump therapy - advantages/disadvantages. Excellent presentation. Increased awareness of complications for baby

To discuss pregnancy with all women of child bearing age. Psychology of diabetes care

The importance of pre conception advice

Excellent presentation on cardiac disease

Importance of frequent screening

Screening for cardiac problems in 2nd & 3rd trimester - should this be done?

Cardiac screening, checking cardiac developments at the growth scans

Role of pharmacists - need to try to connect more! Benefits of pump therapy

Perinatal website

Insulin pumps. More about woman's perspective

Preconception care. Use of insulin pumps

Use of insulin pumps in pregnancy

Preconception care in diabetes. Psychological aspects in pregnancy with diabetes

To try and provide some sort of parent craft for the patients with pre existing diabetes

Importance of preconception and 1st tri glycaemic control in diab women to reduce the risk of CHD.

Ensuring multiples screening scans are performed AN to detect babies with CHD esp, in Diab women who are more at risk. Importance of educating women re blood sugar control, optimising outcome for mum & baby

Vast amount of food for thought. Pumps. Postnatal risks

Patient personal experience. Complications in the diabetic pregnancy

Info re insulin pumps, psychology, cardiac malformations

Much new information, esp as new to the post. Particularly in reference to pump therapy, cardiac & congenital malformations

A lot of new information to digest. Learnt a lot about cardiac problems. Interesting to hear how other centres used pumps

Management of pump therapy in pregnancy. Management of BG to reduce risk in the neonate. Useful contacts and web addresses

The importance of education and preconception care

Better able to counsel patients on specifics of abnormality risks

Patient's perspective on preg with diabetes. How to normalise pregnancy

A greater awareness and knowledge of cardiac disease. A better awareness of use of pumps, throughout pregnancy & delivery

A greater understanding of the PN risks

Importance of control and preconceptual care

Pump care. Pts. Needs

All talks interesting

Psychology of DIP and perspective from a woman's point of view

AN Scanning needs to improve. Still a lot of work to be done in pre conception care

Psychology of diabetic care. Cardiac disease in the fetus / newborn

Currently not working clinically but an excellent refresher

Organisation of midwifery care

Would have liked more discussion re use of metformin in pregnancy

Importance of psychological input with DM

PN risks very interesting. Possibility of detecting pathological ventricular hypertrophy

Cardiac malformation, diagnosis and treatment

Preconceptual care - the importance of

Use of pharmacy MUR

Revisiting how hard it is to have diabetes and be pregnant. To try to find a balance between conveying messages / ensuring optimal outcomes and treat people as human beings!!

Try & liaise with local pharmacists to improve pre conceptual care and ensure they have referral details? Do poster for GP services

Initiatives for pre-conception care & increase awareness e.g. diabetes concept

Comment on quality of presentations

Great

All very good

Yes

High quality, very informative

Some excellent speakers but some needed a longer time to present

Excellent & interesting presentations

Very good

Excellent!

Very good - thank you

Most very good

excellent

Very good

Would have liked a tack on preconceptual care. Specific to insulins, hyperglycaemic agents

Excellent - electronic copies of presentations please

Informative & interesting day

Good but lots of microphone problems

Good

Good

Overall very good. Lecture on PN risk: perhaps more focus on PN risks in newborn exp obesity/hypertension

Overall excellent content

Initial sound quality problems - but corrected quickly. Interesting day - all presentations good standard and easily understood. Enjoyed slides - cardiac disease of the newborn

PPT presentations were beneficial, microphones a must

Very interesting - very good timing and length of presentations. 30min ideal times

A lot of repetition. Same info - different speakers, may improve if speakers present for the day!

Generally **good**, 1st presentation would have benefitted from slide show, support of display of poster information during morning

Some **very good**

Overall **very good**. Not able to see the presenter because he sat behind the computer. 1st talk needed a ppt to liven up the presentation

Excellent. Presentations were all very focused and at a good pace and degree of detail

Excellent

Generally **v. good**

Cardiac disease in the fetus/newborn was brilliant

Excellent

Good

Presentation 1 interesting but poor speaker and (7 - DSM). All rest **good**

Every session was **excellently** presented

Mostly **good**, some were too long. 20 mins with 5-10 for questions would have been OK

Good presentations

An **excellent** day - all good quality & well pitched to a multidisciplinary audience

Generally **excellent**, challenging & informative

All **excellent** & very enjoyable

Excellent. 1st speaker too quiet - needed microphone

Hannah Collier - very well done

Cardiac disease & insulin pumps very informative

Generally **good**. Sitting down to present makes it difficult for back benchers! Handouts would have been very helpful

Overall **very good**

Overall **very good**, a few more case examples might have helped several talks

General presentations **excellent**. Some presentations much better delivery than others

Excellent. My knowledge has improved over the last year or so, so I was pleased that the depth of information here has also increased

All **excellent** presentations. Session 7 would have been more useful to know specific tasks lead mw has become involved in/how they work with ens in diabetes

What would you like to see / make happen in your own unit

Secular education mtg, one joined up team

Implement screening for GDM

More psychological support. Lead midwife for DM

More hrs for Diabetic specialist midwife

Parent education as part of the AN clinic

Use DIP notes, make more compatible with maternity computerised notes. Normalising pregnancy for women with diabetes

Increase the numbers of diabetes specialist midwives

I feel that our unit offers a good service

More pre conception information for type 1 & type 2 diabetes

Use of DIP orange notes

Better support and acknowledgment towards care of diabetes

Would like guidelines on insulin pump

Diabetes study days / update as mandatory training

More 'midwifery' input. Apart from diabetes. These women are having a baby!! More psychological input. Counselling services to be made available

A national training package about care of the diabetic mother & child - type 1, 2 & GDM to teach midwives

Psychological support. More support for audit / data collection

Specialist training related to pregnancy management and diabetes for DSN's

Re introduce pulse ox study after listening to cardiac disease in fetus & newborn!

More hours nominated to diabetes care

Specialist midwife

Pre pregnancy counselling clinic

Have resources to offer more growth scans to women with and without diabetes in 3rd trimester to detect TGR

Cardiac echo's in AN Period for pt. With pre existing diabetes

Use of insulin pumps for Diab women. Pharmacy pre conceptual counselling for diab women in Shropshire. Use of AN DIP booklets

Insulin pump & pregnancy audit. Improve info leaflets pump users. Improve MTD communication

Increased pre conception care

More specialist training for DSN's with regard to diabetes in pregnancy. Greater collaboration between diab teams (nurses & midwifery)

Would like more specialist training in DIP. Greater communication

I would like to see DSN's have more training in DIP. Greater communication re being kept up to date

More support from trust to strengthen multidisciplinary team -dietitians, DSN's working full time in both hosp / community for pregnancy. Access to educational resources for women in different languages

Use WM report & data for improving outcomes

More use and knowledge of pumps - need to work with MDT re pumps for use throughout preg, AN education of women with diab. A psychologist

psychological support

more awareness of significance of DIP

More time for pts.!

More workability, more breastfeeding for diabetes, better staff education

Role of DSM to be extended

More detailed cardiac scans

More psychological care

Develop DSM role but in conjunction with DSNs

Just about to order diabetes notes after achieving full agreement from the full team!

More psychiatric care, breast milk expressing antenatally

We are changing to the new notes next month

More discussion on preconception care

Preconception / pre preg care

Availability of psychological support more group support / educational opportunities

More pre & postnatal care - just starting to increase this. To have more time for parent education

More support for the diabetes team. Better knowledge among midwives.

Increase uptake of preconception care, increase use of pump therapy

What would you like to see / make happen in your own region

Sharing of best practice

Increase preconceptual care outside 2ndary care

Nothing new - continue with peer support & education, as new

Combined diabetes notes within the 'green' hand held notes

Standardise notes. Validate role of midwife to normalise diabetic pregnancies

Already working well in terms of evidence based practice

For everyone to have equal access to the same quality of care

More input into pre-conceptual care

Recommendations/guidelines to local trusts/commissioners

Standardisation of screening & antenatal management

Diabetic AN Notes

Improved neonatal outcomes

Uniform practice of managing diabetic pregnant women

Uniform practice over the region

More uptake on pre-conceptual care in vulnerable women

Also as above additional AN classes for women with high risk preg inc. Diab

Uniformity. Share good practice

Standardisation of care, screening and treatment

Standardisation of screening 2ndary care. Best practice should be available everywhere

Expansion of DiPAG education and networking

Pharmacists able to promote and refer secondary care preconception clinic

For GP's to become more aware of the importance of referring women of child bearing age with diab for preconception care

More awareness of significance of DIP

More GP involvement in pre preg care

Universal policies / all similar

All GP's to have greater knowledge

Continuous study days, similar to this but given locally

Regional database, including type of diab & preg outcomes

Audit

We have just started a parent craft session at Frimley Park Hosp for one session (BF & IOL) - must show BF DVD in Diab clinics

More wide spread usage of the notes

Creation of database congenital abnormalities in relation to their DM

Regional guidelines so everyone is singing from the same hymn sheet

Consistency between services. Sharing of resources

More recognition of the long term implications & how much we can do given the resources

Feel that the local region is working very well. Increase initiatives and supporting best practice guidelines

What could the PI do to assist?

Greater use of the website for the above
Continue with education & support days
Maybe develop diabetes training package (see earlier comment)
Support for best practice & evaluated care
Promotion of study days to enable large amounts of NHS staff access to resources & improve knowledge
More meetings
Not sure
Continue with this excellent format of learning
Continue study days / information leaflets
Not sure
Continue to put these mtgs on
I think the patient information & regional audit are excellent things to continue to develop
Continue dissemination of work in DiPAG
Guidelines to use pumps in pregnancy
Identify the most effective way of contacting all GP's - we have tried emailing with little result
More places for colleagues to attend
Joint meeting with GP / PCT people
Issue evidence based guidelines. Days like this
Everything that you are doing - well done to all
Care of the neonate for midwives giving transitional care to babies of women with DM
Give time and space to enable this process
Pharmacy coordination throughout West Midlands with PCT commissioners
Already produced patient information
Encourage / forces heads of midwifery (&nationally) to put more resources into DIP
Already supporting us well

What topics would you like included for future forums

Dietitian input. Keep CSII on agenda. DAFNE - info on course or local adaptations & principles behind it
Care of & for drug abusers/alcohol & pregnancy
Expressing & storing breast milk before birth
More information about metformin in pregnancy
Insulin updates, types used around country, best sites or alternative sites. Changing insulin treatment, of hypos DKA in pregnancy
What works best with hard to reach groups - Afro Caribbean, south Asian, non English speaking European
Hypertension, PET, HELLP
More lectures on antenatal management
Presentation / discussion on more interesting cases
Not sure
Pre eclampsia
Other complications
Acute complications of pregnant women with diabetes (hypoglycaemia, DKA, specific preconception advice, treatment regimes using metformin & insulin regimes, review of NICE guidelines treating regimes & routine care. More specific clinical care of pregnant women with diab/GDM
More depth on congenital malformations other than cardiac
More complications i.e. nerve, renal etc for neonate with diab mother. More on management of diabetes & pregnancy
Surveillance of risks and planning management

Further comments

Excellent day overall!

Name badges will be useful. I came from outside the region and I find it very isolating when trying to discuss with a participant having first to ask what is your name

Day was very interesting. Debate was good, basically both points indicate that we recognise the need for 'normality' in pregnancy

Very interesting day. Enjoyed interaction with other colleagues

Very difficult to make pharmacy input interesting. Talk could be shorter

An excellent event - thank you

The presentation and talk was very generic. Good explanation of the mechanism of neonatal hypoglycaemia

Have thoroughly enjoyed today. Useful networking. Very informative information. Thank you very much

Enlightening talk from 'patient' but wonder how representative this was given her medical background

Have enjoyed today, learnt a lot. Would like reference list from all the presentations

A very enjoyable day, I am glad I came

The leaflets are great thank you

I found this forum really helpful to update, network and for the launch of really needed education leaflets

Use of meds would be useful to incorporate

Really interesting day

Very interesting listening to a 'woman's experience' We have recently set up parent craft sessions specific to women with Diab. The feedback on these have been very good and we are hoping to continue them on a monthly basis

A really very informative day. I particularly like the balance between recognising the seriousness of preg complicated by diab and the needs of the mothers from a psychological perspective

Thank you - a very well organised and enjoyable study day

A well balanced day. All the speakers were excellent

Very interesting day, thank you

Maybe useful next year to have a session from a Head of Midwifery talking about specifics of her role / setting up the service / how they have developed their role against other roles in the MDT

Colostrum collection input from SCBU. More input from endocrinologist

Metformin usage in pregnancy

Input dietician, gestational & breastfeeding

Metformin use, GTT/GDM Screening policies

Personally the role of diet in glycaemic control and effects of lifestyle changes pre, during and postnatally on outcomes

Local initiatives. Local audit being fed into national audit. Different models of care being developed locally esp. initiatives on improving pre conceptual uptake