WM Diabetes & Pregnancy: Scientific Meeting

Improving care – or Counting the Cost

13 May 2011

This event had a full attendance – Consultants and junior medical staff, midwives working in diabetes care, diabetes specialist nurses, dietitians and members of public and primary care teams.

- Feedback response rate from the evaluations 70%
- Feedback from the evaluations has been sent to the individual speakers, the overall average score for the presentations was 7.8 (range 6.7 to 8.5).

Quality of presentations

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

Session 1: Improving Preconception Services

Diabetes UK Viral

- Info re pre-conception viral'
- Was interested to see the 'Diabetes Viral'.
- Diabetes UK Viral in pre pregnancy care.
- Preconception viral.
- The video viral.
- Use of Diabetes UK Video.
- Tell patients re the preconception viral; need to get to the practice nurses.
- Virals - meeting the patient where they live.
- Diabetes UK 'viral' will reach some, but not all (esp. T2/ethnic groups) pre pregnancy.
- Diabetes UK produced that video online promoting pre-conception care.

Preconceptual Care

- The importance / value of preconception care / counselling (9 comments).
- Need to look at ways to improve preconception care (5 comments).
- Current activities in tackling preconception care for women with diabetes / how to engage people into its uptake - the challenges / difficulties faced in delivering this! (4 comments).
- The difficulties in getting women to access PCC, whose role is there; Primary or Secondary.
- The importance of primary care treatment and preconceptual advice for diabetic women of childbearing age.
- Need to push pre-conception advice to T2 patients as well as Type 1 DM patients. Preconceptual counselling leads to the greatest effect in women with Type 2 diabetes (2 comments).
- Outcomes of T1 & T2 pregnancies vary but difficult.
- Importance of pre-conception awareness and care and it's effect in improving outcomes.
- Be able to tell patients about pre-conception care.
- We need to find better ways of getting patients and primary care interested/pressured to do preconception care.
- Innovations in pre-conceptual care.
- The team without walls approach to care in diabetes.
- New thinking about implementing pre-conception care based on Paru King's talk - very informative and inspiring. DiPAG needs to work with Derby & 'Team without walls' project.
- The impact & importance of pre pregnancy optimisation of pre-existing diabetics.
- Complexity of contraception practice in the community.
- Look at trying to improve pre pregnancy advice in the community.
- Plan to improve preconception care in the units where I work.
- Importance of primary & secondary care interface (not news but important priority).

Session 2: New data – new insights

- Data collection is very relevant to unit practice and increase standards.
- Up to date information & data.
- Importance of data collection.
- Need to capture data.
- Difficulties in data collection! Difficulties in costing case.
- Ideas and strategies for doing audits/projects to inform commissioning.
- Economic Evaluation.
- Cost benefit analysis.

DiPAG

- Use of DiPAG website.
- DiPAG Website & information leaflets.
- Direct women to websites.
- Look at leaflets for women.
- Pre-conceptual 'Hand held notes'.
- Will look at DiPAG site.
- DiPAG developing preconception hand held-held notes.
- DiPAG produce some patient info that looks useful on their website.
- Pre pregnancy hand held notes may be helpful.

Session 3: The GDM Predicament

- GDM & pre GDM is increasing in UK.
- GDM effects on future health of women.
- The degree of significance of GDM on developing NIDDM post pregnancy.
- Evidence re GDM.
- Take more notice of medico-socio effects of GDM.
- Screening for GDM.
- The debate re screening & cut off points continues!
- Streamline diagnosis & referral; treatments of A/N GDM.
- Adverse maternal & neonatal outcomes of treatment of GDM.
- It is questionable if GDM's being treated makes any difference to perinatal outcomes.
- Use of treatment in GDM - increase individual treatment plans as opposed to a universal approach.
- Treatment of GDM.
- No need to treat mild GDM.
- Evidence for treating GDM.
- Are we doing enough to encourage GDM women to breast feed.
- Benefit of PN GTT rather than fasting. More understanding of the relevant trials.

Other

- That our management is much the same as others.
- To remember patient experience.
- The woman's experience - confusion of dietary advice.
- Need to ensure patients even intelligent well educated ones understand dietary advice.
- Woman's perspective on what we do as interventions.
- Topics for discussion with diabetes team.
- B12 checks in women on Metformin.
- More knowledge on the way forward in treatment. Understand trials. Good practice! Recent updates in care and ideas for challenges in care.
- Not enough time for the short presentations - difficult to include all the information in 10mins. Too much data - difficult to take it all in. Still a lot to do - ? need to target Practice Nurses.
- Affect of metformin on B12 levels.
- A chance to network with other health professionals.

Could you please comment on the quality of presentations today?

- Excellent (5 comments).
- Excellent despite IT problems.
- Excellent. A lot to fit in a short time.
- Excellent generally.
- Excellent presentations - would be useful to have copies of presentations or reference list.
- Excellent, interesting, enjoyable. The woman's experience - excellent, The debate – excellent.
- Last presentation was excellent.
- Excellent - as always.
- Excellent mix of topics, all very relevant to current clinical practice. Presentation 7; excellent content but too much, could focus down just to the most pertinent. Rushed.
- Excellent day as usual. Relevant and good to see well attended especially from delegates outside our normal area.
- Generally excellent quality & presentation.
- Presentation excellent.
- Some excellent, knowledgeable speakers with a passion for the subject.
- Wonderful programme.
- Quality was of a high standard throughout.
- Well presented.
- Good (8 comments).

- Very good (5 comments).
- Overall / mostly good (4 comments).
- Most very good & of a high standard.
- All interesting, relevant & useful (2 comments).
- Average /variable (2 comments).
- Session 2 maybe too long & too much data to digest.
- Varied, relevant and very interesting. Debate - excellent balance.
- Generally Good. Some tired to cover too much in time available.
- Variable. Presentation 7 on paper most interesting topic - in reality worst in content & delivery.
- All good and relevant especially session 1 & 3.
- Very good quality & interesting. Particularly in the morning as they were not too long. Presenters clearly well prepared. Very happy that topics & talks were fresh and not just repetitive from what was presented at the Diabetes UK APC.
- Shame about IT. Great idea to invite service user/ mum.
- Shame about IT - missing slides.
- Need to address the problems with presenter's slides in session 1.
- Very good despite some problems with presentation slides. I would have liked more notepaper.
- Speaker 2 let down badly by IT facilities - absent slides / wrong order.
- Pity about the projection, but presenters coped well. How could we have several more sessions on treatment GDM without having discussed our cut off levels!
- Unfortunate that the slides were affected but otherwise good.
- Presentations very good - time keeping a bit lax. Shame some presentations affected by… (text missing)
- Not enough time for the short presentations - difficult to include all the information in 10mins. ? Problems. with some of the slides. Microphone needs to be turned off during transfer to new speakers.

What would you like to see / make happen within your unit?

Service improvements

- Commissioning of pre pregnancy care.
- A change in our cut off for diagnosis of GDM, currently use 5.5 / 9.0
- More capacity for GTT's.
- I would like to develop preconception care to have more dietetic involvement.
- Set the screening criteria.
- Improved pre conceptual care.
- Preconception counselling.
- Awareness in GP's re pregnancy care / postnatal care of women with DM.
- More effective communication between clinics.
- Dedicated midwife.
- Preconception care with midwifery input developing specialist midwife role.
- More robust preconception service.
- Efficient preconception counselling service.
- More access to pre-pregnancy counselling.
- Increased involvement in preconception care within the community/GP. Increased integration between primary & secondary care - communicating education.
- Booking appointments for pregnant women with T1 & T2 DM. More clinic time. More support staff. Medical support for preconception clinic.
- Work more closely with Primary Care for preconception. Follow up care for GDM --> IFG / glucose intolerant.
- Preconception care.
- Aim to implement NICE guidance with regards to performing OGTT.
- Resources made available for ongoing increase in GDM & improved information.
- Sufficient resources to organise appropriate multidisciplinary care for women with pre-existing diabetes and GDM.
- Better preconception care. Better rates of PN follow-up for GDM.
- GDM women to be followed up. 6/12 postnatal to discuss risk Type 2 and discuss PPC for future pregnancies.
- Funding for service delivery to meet the growing demands of the client group. Practice nurse referrals & preconception clinics. More GP education involvement.
- Clinic for postnatal GDM follow ups. Could be group session and include a physio to help physical activity session.

Staffing resources

- Cover for consultant obstetrician when she's away.
- More DSM time.
- Appoint a DSM.
- More dietician input at clinics to assist dietary treatment of GDM.
- Appointment of DSM. More availability of dietitian - currently 1h/week sessions.
- Dedicated midwifery support for diabetic pregnant women in our antenatal clinic
- To employ DSM. Increase pre-conception care awareness amongst clinicians & patients.
- Better funding to dietary support.
- Specialist midwife role rather than a midwife being given (link) status with very limited time to xxx with the management of diabetic pregnant mothers & data collection.

Audit / data collection

- Get resources for data entry.
- Improve data collection for national/WM database.
- Better data collection.
- Developing audit tool further.
- Improve data collection for diabetic pregnancies.
- Time allocation within clinical practice for obtaining and recording audit data.
- More help with data capture. Integrated IT systems: primary & secondary care.
- Better audit of current outcomes.
- audit data collection.

Other

- More information for women.
- Start to use diabetic notes.
- Liked the preconception leaflets.
- Updated policy.
- A pre pregnancy record system.
- Adopt generic notes. Install a useful PC maternity system. Put money into education health care staff.
- Use PI Hand-held Notes & Patient information leaflets.

What would you like to see / make happen within the region?

- Get resources for data entry.
- Have practice nurses attend some of these sessions!
- A consensus re cut off to use for Diagnosis of GDM.
- great to debate controversial issues mainly in breaks e.g. vit D, B12, steroids pre C/S, screening protocols.
- A regional database with outcome data.
- Southwest regional meetings.
- Improvement in pre-pregnancy counselling.
- Communication/education to improve pre pregnancy counselling to all involved - but how?
- Consensus on GDM diagnostic criteria.
- Standardisation of diagnosis and treatment of GDM.
- Joint working with primary & secondary sectors.
- Consensus on glucose thresholds for diagnosis of GDM.
- Better data collection in pregnancy & diabetes and better access to this by clinicians rather than just research midwives to interrogate your own unit's figures.
- Increased involvement in preconception care within the community/GP. Increased integration between primary & secondary care - communicating education.
- Computerised antenatal record.
- Do more study days in other areas.
- Primary & secondary care working together.
- Improved pre conception service.
- More study events for DIP - A useful way of offering training in this area.
- More joined up care between community & secondary.
- More share practice. Specialist midwife support groups.
- Better audit of current outcomes.
- Out of your region!
- Uniform referral information for preconception counselling to enable triage of referrals from all clinical areas.
- Diabetes viral in liaison with primary care & diabetologists.
- Better support / language info etc.
- A uniform approach to diabetes management throughout the region.

- increase profile of pre-conceptual care.
- Better pooling of information & initiatives.
- Simple accessible information for all professionals and patients as all too often as women are seen by specialists; not all health professionals are as knowledgeable in the subject.
- Stop commissioning the cheapest option i.e. glucose monitors. Agree to pay for & support fully NICE identification & screening of women at risk of GDM.
- More meetings like this.
- Publication of audit/data findings & sharing of protocols / proformas etc.
- More integrated DIP care between secondary and primary care. Working secondary care I have no idea what preconception care, messages/input primary care is given and its quality.

What could the Institute do to assist?

- Allow units to contribute the data to a system, even if not in a network or regional study.
- Continue to inspire us all!
- Contribute to above debates (Vit D, B12, Steroids pre C/S screening protocols) at next educational day.
- Continue these study days and developing standardised literature.
- Continue to collect data & evidence that we are improving patient care.
- National Database.
- Better communication when requesting information & assistance with data collection.
- Use of /ideas from audit you use in WM.
- Better data collection in pregnancy & diabetes and better access to this by clinicians rather than just research midwives to interrogate your own unit's figures.
- Help with Increased involvement in preconception care within the community/GP. Increased integration between primary & secondary care - communicating education.
- Data collection assistance/clerks.
- Newsletters. Involve other areas as our area is very rural low ethnicity. Explore issues for bariatric patients.
- Better communication wit units and primary care.
- Organise more study events for DIP - A useful way of offering training in this area.
- Continue to offer support and do what it does best.
- Clerical support for database.
- Encourage participation in data collection from all units within the region and develop regional guidance for service provision and management.
- Continue to more information. Excellent.
- More study days.
- Insist PCT's take identification, screening & presentation of GDM in pregnancy seriously as they are the diabetics of the future - education learnt in pregnancy very beneficial therefore pay for screening of all those at risk.
- Make the hand held notes free!
- Continue development of it's excellent website and Perinatal Institute notes for diabetes development.
- Not Sure.

What topics would you like included for future forums?

- How long should a pregestational diabetic plan to work before starting maternity leave. Steroid treatment - when is it indicated. Management of obesity with GDM - good xxx at last DUK. Regular annual updates on datasets please.
- Targeting preconception care for young people with diabetes. Postnatal care/education for mother & baby. Education and management of DKA in pregnancy.
- Dietary advice/input.
- Issues specific to type 1 DM & pregnancy. Significance of xxx insulin requirements; macrosomia diagnosed <32/40 in stable Type 1 diabetics.
- Case studies. The experience of other units.
- A lecture on what advice to give for PCC.
- T1 & T2 pregnant women's experiences. Dietary advice. PN Care and advice for women with all diabetes types.
- Responsibilities of each member of the MDT.
- Neonatologist input - data of NNU admissions/case histories. 2) What we do about pre-gestational IGT? Pre-gestational IFG/Antenatal IFG? 3) Update on CGM in pregnancy.
- Targeting young women. Stronger cases for the role of the diabetic midwife - cost implications debate.
- When to deliver GDM, T1 & T2 patients.
- How to cope with GDM epidemic: where to manage, who to manage, HOW?
- The conflict of differing standards to be met in the clinical settings - NICE, NHSLA.
- Evidence based care for women with DIP.
- More clinical information for ward based staff re care pathway's and treating hypoglycaemia.
- Managements and pathways diabetes.

- Clinical case studies of difficult management / complex cases. Clinical case studies - complex cases. Diet in GDM.
- Pump therapy & pregnancy.
- GDM follow up care/input and patient information for them. Patient experience to talk about how she felt postnatal support was. Patient experience could be someone from black/South Asian origin ton see how it was for them.

Further comments

- Need a larger venue. There is a need for a national forum for those interested in diabetes & pregnancy - the Perinatal Institute could do this?
- Hospitality excellent.
- The patient experience was a very useful learning tool.
- Cramped facilities for lunch.
- Time keeping was poor.
- Thank you.
- Put course finishes at 4.30! Then people won't need to leave early.
- The debate was particularly interesting.
- Should start the day earlier & keep speakers to time. Build in time for questions into session. Excellent day though.
- I enjoyed the high quality presentations and discussions in a smaller venue. It allowed for a more inclusive & interactive day.
- Please address the presentation compatibility issues - are you using Apple Mac? In future when presenting comparative data between centres please consider anonymising. We at BHH felt ' named & shamed' While Rob Fraser was here it would have been good to quiz him on NICE e.g. HbA1c measurement, why age isn't accepted as a GDM risk factor.
- Patients view was very good, enjoyed this. Slightly 'death by data' in pre lunch session. Enjoyed the debate - more time for discussion would be good. Thank you.
- Temperature variable throughout the day. Room a bit cramped. Lunch only stretched to everyone. IT: shame mic's couldn't be switched off between presenters to avoid 'fumbling noises'.
- Thank you for a well organised and well run day (Winchester).
- Why so worried about raising anxiety with preconceptual advice? Is there evidence that it does make. women avoid preconceptual care? Anxiety seems to me a valid reaction to the real risks, so long as information is also clear about reducing risks and is empowering, that is appropriate.
- Lunch very disorganised. Virtually no vegetarian food left by time I queued and reached the tables. Some people walking round with plates piled high and clearly over indulged!, Room too cold with air con - lots of people wearing their coats during presentations. More time should have been allocated to the debate to prevent the session over running.
- As diet is the main say 'treatment' for GDM, it is vital that we look critically at the evidence behind it, the current management & what advice our dieticians are giving out.
- Well organised. All refreshments very nice. Nice venue, like the fact that in beginning intro people who had travelled from afar acknowledged.