WM Diabetes & Pregnancy

Trainees Meeting

24 November 2010

This event was well attended – Consultants and junior medical staff, midwives working in diabetes care and diabetes specialist nurses.

- Feedback response rate from the evaluations 43%
- Feedback from the evaluations has been sent to the individual speakers, the overall average score for the presentations was 8.0 (range 7.4 to 8.3).

Quality of presentations

Could you please comment on the quality of presentations today?

- Excellent
- Very good x2
- Good x3
- Simple yet effective
- All presentations are good
- Good in general a couple were poorly presented due to presentation skills of those presenting

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

- Hapo study & outcomes. Control of DM in special circumstances i.e. steroids, labour
- Charts for AN Steroid Admin
- Very Good. Able to hear everyone today.
- Importance of thinking 'DKA' in pregnancy with Ketonuria
- · Pumps. Steroids
- Euglycaemic ketoacidosis in pregnancy causes capilliary ketones in DKA
- Insulin Pumps
- · New ways to give insulin after steroids; importance of DKA
- Causes of raised ketones in pregnancy. Use of home monitoring
- How to adjust insulin doses with a pump
- Adjustments & use of insulin in pumps during pregnancy & delivery
- Insulin requirements are variable during antenatal, intra partum & post partum period. Team approach is the key to management

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

- Uniform protocol
- Increase of insulin pumps
- More women on insulin pumps! Smaller clinics
- We need to decide re screening? HAPO or modified version
- Decide on criteria to diagnosis GDM
- Greater understanding of diabetes
- · Have protocols for pt. on CSII therapy

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

- Uniformity of protocol in control of DM during steroids
- More Insulin pumps
- More audit / research cross-trust
- Study on ketogenesis in pregnancy
- We need to decide re screening? HAPO or modified version local guidelines adjusted for background risk
 if no national available soon
- More trainees meetings
- Development of preconception notes

What could the Institute do to assist?

- Draw up protocol for DM during AN steroids
- Use influence to enc. PCT's
- Coordinate research
- Continue hosting DiPAG
- Develop preconception notes

What topics would you like included for future forums?

- Multiple pregnancy problems. Pre-eclampsia / hypertension in pregnancy
- Scanning in pregnancy. Types of malformations
- GDM Focus. Screening policy. Treatment. Use of GTT after 30/40
- Pre & post natal care for GD, Type 1 & 2

Further comments

- Please could you let us know when DiPAG decides whether we should change our GDM screening & diagnosis
- Excellent. I like the late afternoon / evening programme
- Handouts would have been nice