

Diabetes in Pregnancy

West Midlands Clinical Education Meeting

23 November 2011

This event had a full attendance – Consultants, Clinical Fellows / Speciality Doctors and Junior Medical Staff, Midwives working in diabetes care (including Midwife Sonographers and Student Midwives), Diabetes Specialist Nurses and University Midwifery Lecturers.

- Feedback response rate from the evaluations 59%
- Feedback from the evaluations has been sent to the individual speakers, the overall average score for the presentations was 7.9 (range 6.4 to 8.5).

Quality of presentations

- Excellent x6
- Very good x12
- All very informative x2
- Mostly good. A couple over ran significantly, a bit unfair on the other speakers
- Excellent presentations. Good variation
- Largely very good however I was hoping to get advice on how to educate women on colostrum collection. Also I would have liked information on websites I should be directing women to.
- All presentations were well managed although timing was not! Presentation 1 & 3 I found not really fitting to the rest of the topics presented.
- I felt the presentations went too quickly
- Good variety of topics at different levels of presentation
- Interesting, some seemed longer than others
- Excellent, very informative
- All presentations good although some had to rush
- Most of them good
- A very good mixture of different specialities related to diabetes. Glad to have some midwifery input.
- 1,2,4 & 7 very knowledgeable presenters
- All clear and useful
- Particularly enjoyed expert consultants talks
- Struggled to hear all of what was said and therefore could only grasp some of the presentations
- High quality although very rushed
- Talk on Diabetic Complications: hypertension in pregnancy too medicalised

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

- Screening re fetal anomalies. Care for those with GDM at other sites
- Good learning points from each speaker
- As a midwife sonographer R Ganapathy's talk was particularly interesting
- A greater understanding of the impact of diabetes and hypertension. I am going to research colostrum collection - would have liked the information in that particular presentation
- Hypertension link with diabetes & fetal abnormalities
- Information regarding renal disease & managing fetal abnormality. Importance of hypertensive and creatinine levels
- Importance of strict hypertensive control within diabetes
- Additional information regarding fetal anomalies/screening for diabetic women
- To look up more on GDM on internet
- Creatinine levels in pregnancy knowledge. Poor control of glucose levels increasing risk of shoulder dystocia if insulin requirements falling in pregnancy - think failing placenta
- The implications of diabetes in relation to abnormalities & associated diseases
- Creating an optimal time/opportunity to raise the discussion about infant feeding in the antenatal period
- Breast feeding support
- Breast feeding in antenatal care
- Raised awareness of % diabetes / PET in pregnancy. Information to be discussed with colleagues
- The very close link between pre eclampsia and diabetes. Good control in 12hrs prior to delivery reduces risk of hypoglycaemia in the neonate. Role of A/N blood glucose in increasing chances of childhood obesity
- Excellent presentation on nephropathy & fetal abnormality
- Neonatal and fetal medical sections very good
- Pre eclampsia being an endothelial disorder. Tricuspid incompetence as a marker of fetal heart disease

- The need to do further reading around hypertension and renal disease. Both presentations good but highlighted gaps in my knowledge.
- Excellent update hypertension / renal disease/ Encourage further study
- Issues surrounding renal disease, pointers to be aware of. Issues around diabetes management. Management of blood sugars prior to delivery and outcomes for the baby
- Prevalence of hypertension and diabetes
- Inter-relationship between diabetes and hypertensive disorders in pregnancy
- It was very important to know how related the DM, GDM, hypertension, renal disease were all related
- Strict hypoglycaemic control and the positive outcomes of this
- Reminder of key aspects of care and management. Good information / interventions to consider
- Creatinine measures in renal disease. Prevalence of eclampsia with DM/GDM or vice versa
- Statistics re prognosis renal disease. New consideration in PET
- The specific links between pre eclampsia and diabetes
- Strong correlation between GDM, PET & long term cardio vascular. Detection rate of congenital anomalies; 1st trimester and 2nd trimester scan
- Optimise BP/renal disease preconceptually. Promotion of breast feeding. Explore more use of IT to support patients
- IT technology and info available. Early feeding B/F of diabetics (early blood sugar irrelevant of baby). Interesting connection between PET & diabetes. Early detection and how we can if money & time allowed. Identify more easily potential patient

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

- From a sonographers point of view, training in tricuspid regurgitation screening in first trimester screening
- Increased resources towards supporting women with diabetes in the postnatal period
- More information for women on diabetes and link with hypertension. Change to GTT testing. Is it taken early enough in pregnancy?
- Give more information to women antenatally & to give women a choice when having their GTT to have polycal or something more palatable than lucozade
- Re-instate antenatal workshops. More info for postnatal aftercare
- More information leaflets for women
- Why not jelly babies? for GTT. More time for diabetic clinic; specialist breastfeeding advice for diabetic mothers
- Diabetic specialist midwife (3 comments received)
- Looking at intrapartum BM
- Aim for BP 135/85 for hypertensive patients. Improved glycaemic control in pregnancy
- More space, staff & time for diabetic clinics. More input from the infant feeding team. Information leaflets for women to learn hand expressing
- Improve pregnancy outcome. Check renal function more regularly
- A new care pathway for patients with previous GDM. Increased availability of GTT's
- Plan greater integration diabetes team and obstetrician
- More in house training regarding care of diabetic mums and neonates in immediate postnatal period
- Better teaching for staff regarding diabetes
- Introduction of random BM's at booking. Protein / creatinine ratio rather than 24hr collection
- Audit / data collection of creatinine of GDM patients / diabetic patients at booking
- How our quality of care is being improved
- Dedicated consultant in regards to breastfeeding pre & postnatally
- Patient involvement - better information
- Possible introduction tricuspid valve assessment in 12/40 scan
- Policies updated to reflect recent evidence discussed in study day
- Improve uptake of nuchal scan & screening for anomalies in diabetic women
- Improve glycaemic control especially 12hrs leading up to delivery
- Regular updates and information about changing guideline NICE plus otherwise and discussions about how to best identify and support women with diabetes (when to deliver / mode of delivery)

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

- More study days/learning opportunities for professionals in the area of diabetes and hypertension
- Evidence based information early on for women with this condition, good for pre-conceptual care
- Information sharing
- More input on obesity, improving diet and lifestyle especially for at risk groups for type 2 diabetes. Prevention as a matter of urgency & economy for NHS
- Don't know
- Improve preconception glycaemic target
- Improvement in knowledge and care
- Educational video for production to be shown in clinic waiting rooms, particularly regarding infant feeding

- Combine departments within the region to publish data
- Results from audits / data collection
- Standardise care for diabetes, care pathways
- Audit / data collection of creatinine of GDM patients / diabetic patients at booking
- Community midwives playing a wider role in the remit of A/N & P/N care
- Improvement
- development of resources to support breast feeding for women with diabetes
- National agreed guidelines re midwifery support
- Recommendations for screening for fetal wellbeing from 34/40 to delivery
- More studies undertaken
- Adequate fetal wellbeing assessment
- Clear guidance about GTT at what stage is this irrelevant and what do we do with women after 36/37 weeks with large babies and glycosuria

What could the Institute do to assist?

- Provide study days for us to attend please!
- Give more resources for preconceptional care
- Provide information & statistics. Study days
- Pre-pregnancy education
- Don't know
- Continue with research in diabetes and PET
- Would like to have help with extra DSM funding and with some of the audit work
- Keep supporting, developing materials, leading data collection, organising educational events
- More training - studies
- Specific breast feeding page within your Perinatal Institute notes
- Inform of available dates & house study days
- Keep on hosting such meetings
- Support ongoing audits in West Midlands looking at current practice versus NICE guidelines
- Research and information. Regular study days as to days with inter-related issues

What topics would you like included for future forums?

- Insulin pump usage in pregnancy locally and associated data. Preconception care uptake locally
- Specialist Midwife
- Role of diabetic specialist midwife. Long term implications of GDM
- More on screening
- Obesity in pregnancy
- Pre eclampsia, obesity in pregnancy and the implications
- Pump therapy in type 1 DM in pregnancy. CGM in type 1 DM in pregnancy.
- Revisit monitoring of fetal wellbeing in the third trimester
- Results of data collection - national level
- Alcohol and substance misuse. Domestic violence
- FGM, Drug misuse
- Women's experiences of their care
- Intrapartum topics
- Care in labour, feedback from projects that aim to improve standards of care. Initiatives locally re improving diet in pregnancy for women with diabetes / obese women
- Epilepsy of pregnancy. Increased role of genetics in antenatal medicine
- Fetal wellbeing assessment 34/40 to delivery
- Keep on hosting such meetings

Further comments

- The session has proved invaluable and I will certainly be looking out for forthcoming events, however I would appreciate the sessions to be less rushed
- Thanks for a very stimulating evening (as usual!)
- The building and the car park were hard to find. Thank you for the tea and sandwiches
- Excellent sessions, gained much knowledge to use in pregnancy
- Some talks could have been more concise e.g.: IT, breastfeeding. Talk on the neonate - why not show us protocol for management of hypoglycaemia. We are not all midwives i.e. may not have seen protocols recently. Otherwise a very good talk
- Thank you!
- Thank you for the refreshments
- Excellent talk by Mr Bosio. Thank you
- Would like to express thanks to receptionist, who was very informative in relation to PI, overall role
- A daytime session would be better