



PERINATAL FORUM

Wednesday 24 November 2010

Perinatal Institute
Crystal Court, Aston Cross,
Birmingham B6 5RQ



WM Diabetes & Pregnancy **Trainees Meeting**

This meeting is designed for Speciality Trainees in Diabetes and Obstetrics, Consultant Obstetricians, Diabetologists, Midwives and DSN's involved in the management of women with diabetes in pregnancy.

15.30	Registration; Coffee / Tea
16.00	Welcome & Introduction Chair: Neil Shah - Consultant Obstetrician, <i>City Hospital, Sandwell and West Birmingham NHS Trust.</i>
16.05	Controlling blood glucose in special circumstances: during labour Gillian Morrison - <i>Diabetes Specialist Nurse, Royal Liverpool University Hospital.</i>
16.35	Controlling blood glucose in special circumstances: mothers receiving antenatal steroids Phil Dyer – <i>Consultant Physician & Diabetologist, HEFT, Birmingham.</i>
17.00	Light Refreshment Break
	Trainees Presentation (15 mins presentation and 5 minutes questions) Chair: Sharon Jones - <i>Consultant Physician, Diabetes & Endocrinology, Good Hope Hospital.</i>
17.15	Presentation 1
17.35	Presentation 2
17.55	Presentation 3
18.15	Presentation 4
18.35	Review: International Association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycaemia in pregnancy Mary Charlton - <i>Associate Diabetes Specialist, HEFT, Birmingham.</i>
18.55	Presentation of a certificate and prize for best presentation
19:00	Close

Lilly, Abbot Diabetes Care, BD Medical and Novo Nordisk have provided an educational grant to support this meeting but have had no influence over its content.

Registration fee: £20.00 (includes light refreshments)

Please complete attached form (telephone bookings not accepted) and send with cheque (made payable to 'HOBtPCT') to:

Angela Jordanou, Perinatal Institute, Crystal Court, Aston Cross, Birmingham B6 5RQ

Places are limited and confirmed registration is required

Enquiries: angela.jordanou@pi.nhs.uk

WM Diabetes & Pregnancy Meeting: 24.11.2010

Trainees Meeting

PLEASE COMPLETE IN BLOCK CAPITALS

Surname Forename
Post held Department
Hospital Telephone No.
E-mail

Any special requirements; disabled access, dietary requirements etc.

.....
 I enclose cheque for £20.00 (payable to 'HOBtPCT')



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