WM Diabetes & Pregnancy: Scientific Meeting

The Burden of Gestational Diabetes

18 May 2012

This event had a full attendance – Consultants and junior medical staff, Midwives working in diabetes care, Diabetes Specialist Nurses, Dietitians and those involved in commissioning of services

- 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 7.9 (range 6.7 to 8.6).

Registered Attendees	n = 85	(WM 42%)
Speakers, Chairs & members of DiPAG	n = 21	
Total number attending event	**n = 106**	
DNA	n = 3	

Designations

Con Obstetricians	= 21	DSN/DSM	= 1
Con Physicians	= 15	Dietitians	= 6
Assoc. / Spr ST5 &6	= 7	Commissioning	= 3
DSM	= 14	DoH	= 1
Midwives	= 18 (inc. 2 MW sonographers)	PI	= 3
DSN	= 14	DUK	= 1

Evaluation responses

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

- All aspects.
- Several.
- GDM challenges.
- Expanded horizons.
- Ideas for audit.
- More up to date on guidance. See what other people are doing.
- General overview.

Obesity – BMI - Macrosomia

- Burden of maternal obesity. Ethnic differences.
- More in-depth knowledge of obesity in relation to diabetes.
- BMI is associated with poor outcomes, made worse by GDM. South Asian (normal BMI) women have 3 times the risk of GDM if europids who are older / more obese.
- Effect of exercise (lack of) on weight.
- Obesity, ethnicity & GDM. Bariatric surgery.
- Bariatric surgery & GDM prevention.
- The effect of obesity will inform and change advice.
- Weight control is a priority. Importance of education for GDM's & ongoing support if required.
- Trends of increased GDM & BMI.
- Diet being more important than exercise.
- Evidence around obesity & GDM. Finding out what happens in other trusts.
- Just how risky increased BMI is even in the absence of DM.
- To encourage activity more. To discuss risks of obesity in more detail.
- Importance how serious diabetes is for the pregnant mum & her baby. Expecting macrosomia with diabetic mums, but if fetal growth normal - could it be IUGR.
- Folic Acid 5mg not 0.4mcg, reduced B12.

Current evidence - GDM Screening

- Good to update info on latest studies / research.
- Screening criteria for GDM, based on HAPO & IADPSG.
- IADPSG Criteria for screening GDM.
- New Screening criteria. New research / evidence.
- We are not alone struggling! Think a way to implement IADPSG.
- New testing possibly embracing IADSPG.
- GDM screening. Increasing obesity and more GDM.
- Review where GTT's are performed. ? B12 supplements. Low levels calcium in myometrium – implications.

- To check how we organise GTT's.
- Recent developments & studies in management of GDM.
- GDM screening. Dietetic advice. Also good to know that we are all struggling with increasing numbers of GDM. Info on different ethnic origin.

GDM Treatment

- Helpful to be reminded of modes of action of pharmacology for GDM and review guidance.
- High dose Folic Acid → 5mg. Try OHA if diet not enough.
- Good info about which medicines to use.
- In women completely against insulin will consider glibenclamide.
- Renewing our use of metformin, 70% of our GDM ladies end up on it - ? Are we not doing enough diet & lifestyle.
- Increasing use of metformin, more assurance of it's safety. Effect (or lack of effect) of exercise on weight. Sadly we do not seem to be improving!
- The need for better postnatal care.
- Research re Metformin produced no evidence of a tetragenic effect and may be used more frequently for GDM ladies.
- To get our clinic to use metformin more.

Preconception - Notes & Leaflets

- Diabetic notes / leaflets very good!
- The availability of pre-conceptual counselling.
- Ensuring our pre-conceptual care is part of our education programmes for Type 1 &2 if appropriate.
- To look at own information leaflets.
- Might adapt your pre-gestational record for pre-conceptual counselling - improve preconception attendance.

Recurrence Risks for GDM

- The high incidence of Type 2 / GDM and that it is increasing.
- Developing diabetes after GDM. DSM clinics. Group sessions.
- Will send GP Letters following delivery and arrange routine follow up for GDM women ladies.
- Need to ensure women are followed up properly postnatally after GDM.
- Increased incidence of GDM at earlier age in certain races.
- Prevalence of GDM in South Asians. Importance of postnatal & pre natal counselling.
- That more needs to be done in the postnatal management of GDM & prevention of Type 2 DM.

Poster Walk and Workshop

- Importance of PN education - follow up. Liverpool poster (winner).
- Diabetes affects myometrial contractility.
- The relevance of intracellular calcium & leading to reduced contractile myometrial = would like to have had a proper talk on this.
- Lack of calcium in our women with diabetes.
- Uterine contraction affected by glucose levels.

GDM Services

- Need to review own areas GDM Services.
- Ways to organise our service and integrate with primary care. BHH has more GDM than anyone else.
- The challenges of commissioning services for the increasing numbers of women with GDM.
- Given me 'food for thought' to improve the multidisciplinary care for women with GDM.
- Very helpful to compare my trust with the West Midlands overview.

Could you please comment on the quality of presentations today?

- Excellent (x4 comments).
- Excellent presentations.
- Excellent meeting with high quality educational content and a national / global approach rather than a local one!
- Excellent programme, good buzz to the day.
- Excellent selection of speakers. Told the "GDM" story logically fro beginning to end!
- Excellent day. Speakers all informative & easy to listen to. Kept my attention.
- Session one excellent presentations, very clear and concise.
- Overall excellent quality & amount of presentations.
- All excellent (as usual).
- Excellent – informative.
- Excellent. Afternoon presentations were difficult to hear as sharing /room for two workshops.
- Mostly excellent.
- Generally excellent.
- Very good (x5 comments).
- Overall - very good.
- Very good & well informed speakers.

- Very informative; good presentation.
- Very good. A lot of information in a short time slots. Is it possible to access presentations.
- Very good. Good quality data discussed.
- Generally very good - not sure about last session. Did not feel I know anymore about commissioning and service.
- Presentations very good.
- Good (x6 comments).
- Overall good.
- Good, well presented, mostly relevant.
- Good, if anything a bit quick and not able to write the information down.
- Largely good; round table discussion very good. Excellent winning poster!
- All presentations good and valuable information given.
- Generally good - a very enjoyable day.
- OK.
- Clear.
- Variable.
- Workshops poorly organised. Noisy, interrupted sessions.
- Not enough time for Rowan Hillson.
- Very good to concentrate this time on GDM.
- Good venue a little warm. Bit noisy in Poster Walk.
- All of very high quality & very knowledgeable. Enjoyed the 'Round Table' session, very inspirational.
- All very informative. Particularly enjoyed the 'evidence based guidelines' and the 'Round Table' & different perspectives.
- Very informative. Lots of information to digest, but greater knowledge in the types of management easily understood.
- Worth attending.
- Very informative.
- All relevant & speakers knowledgeable & well prepared.
- All speakers clear and knowledgeable on subjects.
- All well presented.
- All speakers very good and interesting. Thank you.

Comments on lunchtime presentations

- Poster - myometrium excellent.
- Excellent Liverpool poster.
- Re low marking for lunchtime workshops. This does not reflect the quality of the speakers who were good and operated well under difficult circumstances. The sessions were badly organised. Unable to hear because two workshops all going on in one room. I particularly enjoyed the 'Round Table' discussions and presentation - excellent!
- Unable to attend - booked on course too late (x2 comments).
- Rushed & room layout not good.
- Very poor written material full of spelling mistakes - didn't learn anything & could hardly hear a word.
- Not speakers fault, too rushed & room layout not good.
- Would like more time on this - couldn't hear very well.

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

Service improvements

- Change in care pathways.
- Adoption of IADPSG criteria for GDM Screening.
- Improvements of care / outcomes for women with GDM.
- The use of Metformin more.
- Better P/N advice.
- Improve the experience of care for the women attending hospital ANC outpatient facilities. Develop educational sessions for women with GDM.
- More group education. A resource with exercise & food preparation - course or links. Educational leaflets. with more pictures for those who do not read either English or their own language.
- More care planning for postnatal period if ladies have had GDM to ensure screened properly for the future and ensure pre conceptual care for future pregnancies.
- More joined up / seamless thinking /care.
- GTT to community / PCT HbA1c as main diagnosis of GDM. Reducing stillbirth / NND.
- Separate clinic for Type 1 & 2 diabetic women - difficult to give enough time in a very busy clinic. Our community services to take on board the importance of pre-pregnancy counselling and all that HCP's have a responsibility to deliver this.
- To introduce the use of Metformin in management of GDM. More robust follow up of PN GTT. Set up DSM clinic at all three sites within our trust; currently limited to one site due to lack of funding.

- GTT screening.
- Separate gestational diabetic clinic. Postnatal letters to GP's with advice.
- Look at GTT positive rate. Diabetes pregnancy audit person.
- Review how screening is delivered within the hospital (antenatally) and increase support for delivery of GDM care. Participation in audit of local outcomes. I liked the look of the audit tool (PEER) but would be difficult to populate without resource in our hospital.
- More clinics for GDM.
- Change and adapt new criteria for screening GDM.
- I would of liked to see improvement in screening & adopting the IADPSG guidelines.
- Improved access to patients.
- Nothing different. DSM clinic. Group sessions.
- Implementation of the NICE Guidelines and use GTT as per NICE.
- More efficient working.
- Improved lifestyle intervention, assess the nutritional content of hospital food - healthcare professionals as good role models.
- Screening for GDM that incorporates new IADSPG guidelines.
- More emphasis on long-term health promotion. Adopting new screening criteria for gestational diabetes. Postnatal follow up and education. Separate clinic for just diabetes.

Staffing resources

- DSM - currently no funding!
- Dedicated DSM (she is being moved).
- Another specialist Midwife. DSM to book all Type 1 & 2 & previous GDM women. Follow up of P/N fasting blood sugars of all gestational.
- Dedicated diabetes only clinic. Better follow up for GDM ladies.
- The dietitian team input. Specialist midwife rule.
- We are now catered well with DSM's but I would like allocated hours for this work as it is going to only increase & not have a dual role so frequently.
- More resources to manage increasing number of women!
- Provision of DSM / midwife clinics for GDM patients. Uniformity of screening across hospitals. No agreed screening for LHB in spite of repeated presentations to board re NICE recommendations.

Preconception

- Preconception clinics and use of the new Diabetes Notes for planning conception for all women who have pre existing diabetes or have had previous GDM. All to be given written information on discharge after delivery - ensure GTT done post delivery for all GDM's. Post natal exercise classes.
- Ensuring our pre-conceptual care is part of our education programmes for Type 1 &2 if appropriate. Renewing our use of Metformin, 70% of our GDM ladies end up on it - Are we not doing enough diet & lifestyle.
- Adopt preconception notes.
- Re introduce pre-conception service (stopped due to funding!).
- Access more women from primary care for pre-conceptual care.
- Improvement in the uptake & availability of preconception service. Better starting HbA1c's for women with pre existing diabetes in pregnancy.
- Preconception counselling. Increase rate of postnatal GTT.
- Universal use of your Diabetes in pregnancy Notes re info leaflets.
- We have a good MDT for GDM & adding formal pre-conceptual counselling will only enhance our service
- To follow PN GDM's to ensure they have check up's with GP's. To implement the new pre conception notes for existing Type 1 & Type 2's.
- Improve pre-conceptual multidisciplinary care. Improve breast feeding in pre-existing diabetics and GDM's.
- A more stimulating and pro-active pre conception service.

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

- More regional meetings within the region.
- Better preconception care.
- Continue to inspire better control & commence preconception care.
- Sorry not from within region.
- More uniformed way of managing GDM. Establishing good standard care.
- Collaboration.
- Contrary to the data from The National Audit, the majority of our type 2 women have never had a HbA1c before pregnancy, checked the blood sugars regularly etc, therefore better involvement of GP's would be helpful.
- DSM/DSN/Dietitian set up.
- Pre conceptual care!
- Dedicated diabetes only clinic. Better follow up for GDM ladies; our unit is part of a wider diabetes team.
- Collaborative work to collect the data.
- Improvements in care for women with diabetes.

- Updating GP's on preconception care for patients with diabetes & care of GDM patients e.g. ensuring folic acid treatment is given / correct. Drugs stopped which are contra-indicated in pregnancy on diagnosis of pregnancy.
- Can't comment about this region as not from this region. In my region (Yorkshire) would like to improve uptake of dietary advice by women with GDM / BMI's >35.
- More communication / co-ordination effective networks.
- GP's being more pro-active at instigating treatments and using the diabetes notes. Instigating pre-conceptual counselling.
- Pregnancy Audit.
- Outside region.
- Appropriate commissioning. Greater resources for between pregnancy interventions.
- Good pre-conceptual care as standard as in population!
- Collaboration between units (already happening in DiPAG).
- Multidisciplinary team working closely with community / PCT and improving significantly the outcome of GDM and diabetic ladies in pregnancy.
- Improve care.
- Improved lifestyle intervention, assess the nutritional content of hospital food - healthcare professionals as good role models.
- Education to raise awareness especially among ethnic groups - campaign (posters in GP surgeries / temples etc). Increase funding for increasing services (Dietitians / DSN's) to have extra clinics in community settings.
- More support for women post delivery to prevent onset of type 2.
- More obesity awareness in the young & GP's to take an interest (no QOF). Closer follow up by GP's of gestationals.
- Uniformity of management of GDM across region.
- More "conversation".
- I would like clear guidelines Nationally for screening / diagnosis of GDM.

What could the Institute do to assist?

- Make hospital boards consider screening of GDM mandatory! Just NICE guidance does not seem enough
- Form guidance about screening for GDM!!
- Continue with these study days & keep spreading the message to colleagues. I wonder if GP's would benefit also.
- Audit IUGR babies further for causes. Audit GTT to birth weight / maternal treatment for GDM to try to assess low risk / high risk GDM pregnancy.
- Already produced excellent notes for preconception. ? Will be taken up in our area.
- Facilitate exchanges of best practice.
- Help with auditing our own services.
- Help with notes and leaflets.
- May be sharing information & expertise.
- Provide advice.
- Offer more sessions like today and recruit GP's.
- Suggest ways to encourage uptake of dietary / lifestyle changes.
- Do more of the same. Support similar networks across the UK.
- ? Can PEER tool be shared / extended to other areas? Will this duplicate the audit proposed by NHS diabetes in Pregnancy network.
- Target all GP's.
- Coordination. Education.
- Provide national guidance.
- Disseminating good practice from other areas - what works, what doesn't.
- Continue to put on excellent days like today.
- Continue with the good work and improve further.
- Target GP's / Practice Nurses.
- Data on why are educational programmes for educating the community re diabetes in pregnancy so poorly attended.
- It would be nice for units from different regions to converse.
- To aid NICE review to possibly reduce screening for those at risk to have a GTT at 24 weeks especially if had GDM or overweight and/or have a close relative with diabetes.

What topics would you like included for future forums?

- Managing the patients with a macrosomic baby yet apparently good blood glucose control.
- Almost like a journal club review of recent papers.
- Firm steps in improving Preconception care across the country!!
- 3rd trimester surveillance of patients with diabetes.
- More of Rowan Hillson would have been excellent, inspirational lady.

- Monogenic diabetes.
- Management of Type 1 & 2 diabetes in pregnancy.
- Vitamin D in pregnancy for diabetes. Debate on IADPSG Guidelines.
- Yes - I see you have a conference of growth restriction already.
- More on the generation / immigration cohort and DM.
- Use of insulin pump therapy & structured education. National Audit for outcomes etc.
- Screening for GDM.
- Care of women in labour.
- Outcome of pregnancies where there has been a significant weight loss & GDM - did it reduce rates of GDM?
- National Diabetes in pregnancy Audit. Good to learn what other units are doing re antenatal / perinatal / postnatal.
- Postnatal Screening (? Use of etc). Managing obesity in pregnancy (dietary restriction).
- Commissioning.
- As a diabetologist I'd like to see more obstetrics and less diabetes.
- More clinical / practical presentations. Info on ongoing / future research areas. CSII pumps and pregnancy. Outcomes after carb-counting in pregnancy.
- A better presentation on medication & pregnancy.
- Managing the diabetic women during steroid administration & management for delivery particulary IV insulin regimens, what happens in different areas.
- More methods of implementing, lifestyle interventions as it is the main recommendation in treating diabetes.
- Would prefer the WMPI Meeting - was disappointed with the National Meeting.
- Discussion about best methods for screening for GDM and also whatever previous GDM women should be treated as diabetic or undergo GTT.
- IUGR.

Further comments

- A larger venue is needed. Thank you for organising.
- A larger venue next time please. A very enjoyable day thank you.
- Another excellent meeting - thank you.
- Better / improved "meeting" facilities and larger room.
- Coffee / tea with lunch please? A very good day thank you.
- Contraception choices following GDM.
- Enjoyed Best Poster Presentation.
- Excellent as usual, please can presentations be made available on Perinatal Institute website?
- Excellent study day.
- Excellent study sessions - kind regards!!
- Good study day very informative. The negative side was the venue was too small and very tight with seating. Workshops difficult to hear speaker.
- I would like to say how beneficial the workshops were, unfortunately I couldn't hear half of it - needed to be in separate rooms. I would like to add that sitting to eat is beneficial. Standing was not appropriate as adults we should have been able to use the lecture theatre. Food was excellent.
- Larger venue!! Always over subscribed. Also different methods of payment would be very helpful.
- Layout for lunch not conducive to good flow of people - not enough time. Drinks ran out! Workshop too noisy / too short; little gained - but more time probably rectified this.
- Need larger / area room (air con seemed ineffective) for lectures. Also more fruit, less carbs at lunch.
- Please publicise this yearly meeting through BMFMS or to hospitals in Wales. Did not know about it till this year. Very useful update for obstetrician & midwives looking after diabetes.
- Room too small for presentations, not enough paper provided to take notes, a delegation list would have been useful - difficult to get food and do all poster readings. However a good day from a meeting point of view.
- Rooms are too small for audience of this size. Very stimulating - prompts me to look at ways how I can improve diabetes antenatal / preconception services in my area.
- Thank you.
- Unfortunately I felt the venue was very packed. Having travelled starting at 5.30am I would of liked a biscuit with tea, no hot tea, was difficult to keep going.
- Useful to hear that others face the same problems as we do. Am hoping that the Diabetes in Pregnancy Network will be a forum particularly with respect to approaches to commissioning.
- Venue to small. Poster session too noisy - needs to be separate session with microphone use.
- Venue very warm & during poster presentations noisy.
- Very enjoyable day. Thank you.
- Very informative day. Appreciated the round table discussion at 3.30pm.
- Very interesting day. Thank you - lunch great too!