

DIABETES IN PREGNANCY PATHWAY – INFORMATION FOR COMMUNITY MIDWIVES, GPs and PRACTICE NURSES

Jan Liddie – Diabetes Lead Midwife
Tel 07917173208, 01908 995237
Email janet.liddie@mkuh.nhs.uk
Diabetes Specialist Nurse
Email TDSNT@mkuh.nhs.uk

WOMEN WITH PRE-EXISTING TYPE 1 OR 2 DIABETES – PRECONCEPTION AND WHEN PREGNANCY CONFIRMED

- Preconception: give health promotion advice **at every contact** re contraception, weight loss and smoking as appropriate
- Optimise blood glucose control, aiming for HbA1C less than 48 mmol/mol. Advise against pregnancy if HbA1C is above 86 mmol/mol
- Prescribe folic acid 5mg from preconception to 12 weeks pregnant.
- Check safety of current medication - remember statins and ACEI are contraindicated in pregnancy
- Immediate telephone or email referral to Diabetes Midwife (see contact details above) or Diabetes Specialist Nurse (see contact details above) by GP/CMW **as soon as pregnancy is reported**
- Request renal function, HbA1C, thyroid function and microalbuminuria
- The community midwives will complete an antenatal booking risk assessment at the first appointment

WOMEN WHO HAVE HAD GESTATIONAL DIABETES IN A PREVIOUS PREGNANCY

- Do HbA1c and arrange OGTT as soon as possible after booking through Antenatal Clinic
- The result of the OGTT will be followed up by the Diabetes Midwife
- Copy antenatal booking risk assessment form to Diabetes Midwife who will organise repeat OGTT if required at 26 weeks and dietitian referral

SCREENING PROGRAMME FOR GESTATIONAL DIABETES

Women with the following risk factors to be identified by community midwife when completing antenatal booking risk assessment:

- BMI 30 and above
- Previous macrosomic baby **4.5kg** and above
- Family history of diabetes in **first-degree relative**, ie parent, sibling, child
- Minority ethnic family origin with a high prevalence of diabetes
- Discuss increased risk of GDM with reference to their specific risk factor. Discuss Weight Management in Pregnancy leaflet re lifestyle changes (available on the intranet)
- Do random blood glucose (venous) to exclude pre-existing diabetes
 - If <7.8 mmol/l for routine OGTT in Antenatal Clinic at 26/40 (to be booked by Antenatal Clinic on receipt of referral form)
 - If ≥7.8 mmol inform woman and request fasting glucose and HbA1C. Discuss results with Diabetes Midwife

Diagnostic Criteria for Gestational Diabetes (NICE 2015)

Fasting glucose 5.6 mmol/l or above
2 hour plasma glucose 7.8mmol/l or above

NB All positive OGTTs will be followed up by the Diabetes Midwife

JL/2018