ANSC Diabetes in Pregnancy update

1) Preconception Clinic for women with pregestational diabetes (type 1 and type 2)
   Will most likely start in 2022 when we have new Obstetric physician hours. Logistics and information will be worked out then and further information will be forwarded at the time.
   In the meantime it is IMPERATIVE these women have prepregnancy counselling and planning and they should therefore be reviewed by either:
   - Their usual endocrinologist/obstetric physician/diabetes centre with specific mention made to pregnancy planning
   - The general 'preconception clinic' at RHW if they do not currently have a tertiary diabetes care option

2) An information sheet has been developed for women who decline a GTT to outline the potential complications of a missed diagnosis of GDM.

3) Booking pathways:
   a. Pregestational diabetes: Please send a referral via email/fax to the Diabetes Educator as soon as you know the woman is pregnant as we like to see these women in the combined diabetes/obstetric ANC at 8/40 gestation. Please include in the referral:
      i. First day LMP or fertility treatment dates if this pregnancy is via assisted conception
      ii. Who usually cares for their diabetes and where
      iii. All HbA1c results in the past 12 months
      iv. Latest microalbumin level
      v. Most recent eye check
      vi. Good quality transvaginal dating and viability ultrasound at 7/40 gestation
      vii. Referral letter addressed to Drs Beech/Lau/Lowe/Young (all 4 – we will then allocate the appropriate clinic)
   b. Gestational Diabetes:
      i. Please ensure you have a good system in place for knowing when your patient is having a GTT to make sure you follow up results promptly and refer as soon as diagnosis made
      ii. Please email/fax GTT result AND referral to Drs Beech/Lau/Lowe/Young to the Diabetes Educator as soon as positive result and we will arrange appointment with DE shortly thereafter.

4) False negatives
   Please remember the GTT is a SCREENING test only and not a perfect diagnostic test. The GTT will therefore miss some diagnoses of GDM. If clinically you suspect the women has GDM e.g. Macrosomia, polyhydramnios (despite a negative GTT), please contact the DE promptly who will arrange to see the woman for a week of BSL testing. HbA1c and fructosamine are NOT useful diagnostic tools in this setting

5) Diet controlled GDM

These women still have their antenatal care with their 'low risk' model of care so will continue to see you and a midwife for all their antenatal visits. Please ensure they are monitoring their BSLs as instructed by the diabetes team (usually 4 x/day) and results are in the normal range. If you are concerned that BSL levels are not normal or the women is not testing frequently enough, please contact the DE via email/phone or fax for advice

6) Website
The RHW hospital website information on Diabetes in Pregnancy is extremely rudimentary. We are planning on addressing that and making it more comprehensive, including a lot of the information addressed here. Please let us know what would be useful from a GPSC perspective on the website

7) Postpartum: DEs are recommending a new program via the NDSS called BABY STEPS for women who had GDM in pregnancy. Please encourage women to access https://www.ndss.com.au/services/support-programs/baby-steps/

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