**GPSC Diabetes in Pregnancy Update May 2025**

1. **STAFF UPDATE** (just so you know RHW Diabetes in Pregnancy team members)

**Endocrinologists/Obstetric Physicians**:

* A/Prof Helen Barrett – Obstetric physician/Endocrinologist. Monday PM combined diabetes ANC weekly
* Dr Amanda Beech – Obstetric physician/Endocrinologist. 1: 4 Monday PM combined diabetes ANC
* Dr Sue-Mei Lau – Endocrinologist. Wednesday AM combined diabetes ANC weekly
* A/Prof Sandra Lowe – Obstetric physician. 3 out of 4 Monday PM combined diabetes ANC

All 4 doctors manage inpatients with GDM/Diabetes as part of the ‘Physician on Call’ roster

**Obstetricians**:

* Dr Wendy Hawke – Obstetrician. Wednesday AM combined diabetes ANC weekly
* Dr Sarah Lyons – Obstetrician - Monday PM combined diabetes ANC weekly

**Diabetes Educators**:

* Debra Bezuidenhout, Justine Darling, and Ashleigh Sparrow
* Available Monday-Friday so should have a DE that is contactable every weekday (except for public holidays) during normal working hours
* Contacts for Diabetes Educators RHW:
* Email SESLHD-RoyalHospitalforWomen-DiabetesServices@health.nsw.gov.au
* Telephone 93826010, Fax 93826118

**Dietitians**:

* Nikki Levitas: Monday-Thursday Ph 9382 6544, Email: nikki.levitas@health.nsw.gov.au
* Michelle Tal: Thursday-Friday Ph 9382 6006, Email: Michelle.Harrison3@health.nsw.gov.au
1. **GDM SCREENING**
* ADIPS have endorsed new diagnostic criteria in 2024 but we have NOT yet adopted them at RHW as are awaiting consensus from all other professional colleges e.g. RANZCOG, RACGP and pathology laboratory services before considering change
* Therefore, please still refer with POGTT results ≥5.1, 10.0, 8.5 mmol/L
1. **PHYSIOTHERAPY FOR GDM/DIABETES IN PREGNANCY**
* GDM GYM - a programme for patients with risk factors for diabetes in pregnancy or confirmed diabetes in pregnancy. Here is the link to the website – please encourage your patients to join in and attend

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/allied-health/physiotherapy/gestational-diabetes-gym>

* Group exercise available 3 days/week – no cost. A mix of cardiovascular and strength.
* Individualised programmes also provided for those women who cannot make the classes
* Also, postpartum weekly sessions from 6 weeks to 6 months postpartum
* Feedback has been incredibly positive so please encourage your patients to enrol and attend 😊
1. **PRECONCEPTION CLINIC FOR PATIENTS WITH PRE-EXISTING DIABETES (type 1, type 2, other)**
* It is IMPERATIVE these women/patients have pre-pregnancy counselling and planning, and they should therefore be reviewed by either:
* Their usual endocrinologist/obstetric physician/diabetes centre with specific mention made regarding preparation for pregnancy, OR
* send e-referral to RHW Maternity Outpatients stating woman has pregestational diabetes requiring PRECONCEPTION COUNSELLING/ASSESSMENT and they will be allocated to one of the Obstetric Physician clinics
* Aim to achieve an HbA1c < 6.5% (48 mmol/mol) before conception and maintain effective contraception until they have been given the ‘all clear’ by their endocrinologist/diabetes team to conceive
* Ensure taking folate ≤ 5mg daily prior to conception and until reviewed in combined diabetes/ANC
* Ensure all other standard pre-pregnancy investigations/vaccinations are up to date, and reproductive carrier screening (RCS) has been offered
1. **BOOKING PATHWAYS ONCE PREGNANCY IS CONFIRMED FOR PATIENTS WITH PRE-EXISTING DIABETES:**

As we like to see these women/patients in the combined diabetes/obstetric ANC around 8 weeks gestation:

* Please send an e-referral marked URGENT as soon as you know the woman/patient is pregnant
* Please include in the e-referral:
	+ First day LMP, ovulation detection date (if known) or fertility treatment dates if assisted conception
	+ Who usually cares for their diabetes and where e.g. endocrinologist/Diabetes Centre
	+ All HbA1c results in the past 12 months
	+ Latest microalbumin level
	+ Most recent eye check
	+ Good quality TRANSVAGINAL dating and viability ultrasound around 7/40 gestation
	+ Referral letter addressed to Drs Barrett/Beech/Lau/Lowe (all 4 – we will then allocate the appropriate clinic)
1. **GDM SCREENING/TESTING**
* HbA1c in first trimester can be used to diagnose OVERT DIABETES but NOT GDM. Do NOT use as a screen for GDM
* **Please order an early POGTT at 10-14 weeks gestation** for patients with the following risk factors:
	+ Ethnicity: Aboriginal/Torres Strait Islander, Asian, South Asian, Pacific Islander,

Māori, Middle Eastern, non-white African

* + Insulin resistance (e.g. associated with PCOS)
	+ Maternal age ≥40 years
	+ Medications e.g. corticosteroids, antipsychotics
	+ Periconceptual or initial booking BMI ≥ 30
	+ Previous adverse pregnancy outcome suggestive of undiagnosed GDM e.g.

shoulder dystocia, unexplained stillbirth

* + Previous baby with birth weight > 4.5kg
	+ Previous GDM
	+ Strong Family History Diabetes (e.g. first degree relative with diabetes; or sister with GDM)
* If the test is negative, a 75g 2-hour POGTT should be repeated at 24-28 weeks gestation
* Please ensure you have a good system in place for knowing when your patient is having a POGTT to make sure you follow up results promptly and refer as soon as diagnosis made
* Please send e-referral to Drs Barrett/Beech/Lau/Lowe to the Diabetes Educator as soon as positive result and we will arrange appointment with DE and dietitian shortly thereafter.
1. **WOMEN/PATIENTS WHO HAVE HAD BARIATRIC SURGERY**
* Do not order POGTT on these women/patients
* Refer to DE for a week of capillary BSL testing
* All patients who have had bariatric surgery (diabetes or not) should be referred for an Obstetric Medicine consultation as soon as you know they are pregnant, as they need specific care and investigations early in pregnancy
* Send e-referral to RHW Maternity Outpatients stating woman/patient has had bariatric surgery, and they will be allocated to one of the Obstetric Physician clinics
1. **FALSE NEGATIVES FOR GDM**
* Please remember that although the POGTT is a diagnostic test, it is not perfect and FALSE NEGATIVE results will occur. The POGTT will therefore miss some diagnoses of GDM.
* If clinically you suspect the woman/patient has GDM e.g. Macrosomia, polyhydramnios (despite a negative POGTT), please contact the DE promptly who will arrange to see the woman/patient for a week of capillary BSL testing.
* HbA1c/Fructosamine are NOT adequately sensitive to detect GDM so please do not use to test for GDM
1. **DIET CONTROLLED GDM AND ANTENATAL CARE**
* These women/patients still have their antenatal care with their ‘low risk’ model of care so will continue to see you and/or a midwife for all their antenatal visits. Please ensure they are monitoring their BSLs as instructed by the diabetes team (usually before breakfast and either 1 or 2 hours after the first bite of breakfast, lunch, and dinner, 4 x/day) and results are in the normal range. This may be reduced to 3 days per week if well controlled.
* Please monitor weight at EVERY antenatal visit and reinforce the importance of diet and exercise at each visit. If you are concerned that BSL levels are not normal (>20% in a week) or the woman/patient is not compliant with her diabetic care, please contact the DE via email/phone or fax for advice
* If you have any dietary concerns about the woman/patient e.g. under eating, please contact our RHW dietitians
* These women/patients do NOT need a third trimester growth ultrasound if their diabetes is well controlled, and they do not have any other obstetric need for an ultrasound
1. **GDM APP**
* Been used since July 2024
* Feedback from women/patients generally good – AUDIT will be conducted within the next 6 months

We always welcome feedback/queries about the services we provide and are open to any suggestions to streamline care for you and your patients with GDM/DIP. Please don’t hesitate to relay via the GPSC coordinator or via our Diabetes Educators (SESLHD-RoyalHospitalforWomen-DiabetesServices@health.nsw.gov.au)

Dr Wendy Hawke

Obstetrician

Diabetes in Pregnancy Service RHW