

ANSC Diabetes in Pregnancy Update 01/03/2023

1) Staff Update – staff involved in the care of women with diabetes

Endocrinologists/Obstetric Physicians:

- A/Prof Helen Barrett – Obstetric physician and Endocrinologist. Monday morning combined diabetes ANC
- Dr Amanda Beech – Obstetric physician and Endocrinologist. Occasional diabetes clinics when needed to cover, but will manage inpatients with diabetes as part of the 'Physician on Call' roster with the three other endocrinologists/obstetric physicians
- Dr Sue-Mei Lau – Endocrinologist. Wednesday morning combined diabetes ANC
- A/Prof Sandra Lowe – Obstetric physician. Monday afternoon combined diabetes ANC

Obstetricians:

- Dr Wendy Hawke – Obstetrician. Wednesday morning combined diabetes ANC
- Dr Sarah Lyons – Obstetrician. Monday afternoon combined diabetes ANC (and sees patients with diabetes on Monday morning alongside Dr Barrett's diabetes clinic as needed)

Diabetes Educators:

- Paige Casey
- Justine Darling
- Tracey Menzel
- Ashleigh Sparrow (soon to go on maternity leave)
- Interviewing for new DE as increasing FTE to 1.2, so will have a new DE team member shortly
- 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

2) Preconception Clinic for women with pregestational diabetes (type 1 and type 2)

- It is IMPERATIVE that these women 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
 - Refer to RHW by Fax 93826118 or email 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% before conception and maintain effective contraception (ideally LARC contraception to prevent any unplanned pregnancies at times when diabetes is NOT optimally controlled) until they have been given the 'all clear' by their endocrinologist/diabetes team to conceive

- Ensure taking folate 5mg daily prior to conception
- Ensure all other standard pre-pregnancy investigations/vaccinations are up to date

3) Booking pathways once pregnancy is confirmed:

- Pregestational diabetes:
As we like to see these women in the combined diabetes/obstetric ANC by 8 weeks gestation:
 - Please send a referral marked URGENT via email/fax to the Diabetes Educator **as soon as you know the woman is pregnant**
 - **Ask the woman to complete online booking as soon as she knows she is pregnant**
 - 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 Barrett/Beech/Lau/Lowe (all 4 – we will then allocate the appropriate clinic)
- Gestational Diabetes:
 - 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.
 - Please email/fax GTT result AND 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.

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 woman 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 adequately sensitive to detect GDM.

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 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 is not compliant with her diabetic care, 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. Plans are still in place to update the information but currently there are no changes compared to last year. Please let us know what would be useful from a GPSC perspective on the website.

7) RHW Clinical Business Rules (CBR) for Diabetes in Pregnancy

There are two SESLHD policies used for women with diabetes in pregnancy:

- one for women with pregestational diabetes
www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPD283%20-%20Management%20of%20Pr%20Diabetes%20in%20Pregnancy%20Policy_0.pdf
- and one for GDM
[www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPD282 - Gestational Diabetes \(GDM\) Management Policy_0.pdf](http://www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPD282 - Gestational Diabetes (GDM) Management Policy_0.pdf)
- They were originally developed in 2014 and are due for another review/update this year. Please feel free to review the policies and send any comments to be considered for our update to alison.brown3@health.nsw.gov.au

8) GDM APP

- A new APP is in development for women to use to record BSL levels and to wirelessly upload to a dashboard monitored by our diabetes team.
- Watch this space as we are hoping to run a pilot group, and if all works well, then all women with GDM will transition to this system.
- Further communication to come.