



Diabetes in Pregnancy
Kirstie Rickerby – Diabetes Specialist Midwife

GESTATIONAL DIABETES

- Caused by pregnancy hormones increasing insulin resistance
- Any woman can develop Gestational Diabetes
- Gestational Diabetes can increase risk to mum and baby
- Safe treatment options in pregnancy
- Dietary advice
- Physical exercise
- Metformin and/or Insulin
- Driven by placenta so will go following pregnancy..... BUT



HEALTHIER YOU

NHS DIABETES PREVENTION PROGRAMME

Gestational diabetes is one of the strongest risk factors for the subsequent development of Type 2 diabetes: Up to 50% of women diagnosed with gestational diabetes develop Type 2 diabetes within 5 years of the birth.

NHS DPP – Healthier You Diabetes Prevention Programme
<https://www.england.nhs.uk/diabetes/diabetes-prevention/>

This website uses cookies

We use cookies to analyse traffic on our site and monitor advertising performance. To find out more read our [terms and conditions](#).



Providing support after gestational diabetes

[Sign up here](#)



...e providing antenatal care for the above patient who has **Gestational Diabetes**.
...women with Gestational Diabetes are at high risk of developing Type 2 Diabetes (up to 50%
...the first 5 years) after pregnancy.

Please can your practice do the following four things:

1. CODE this patient as

'Gestational diabetes mellitus (disorder)' (SNOMED CT 11687002)

2. ANNUAL SCREEN for Type 2 Diabetes

They need an HbA1c at:


- 3 months postpartum (Please add a diary date 3 months from their expected delivery date)
- Annually (Please add a recall)
- Prior to future pregnancy

3. REFER to prevent Type 2 Diabetes

- **Refer into the 'Healthier You: NHS Diabetes Prevention Programme' (SNOMED 1025251000000107)**
- This is vital for providing support to reduce their high risk of developing Type 2 Diabetes
- The patient has been given information on self-referral to **'Healthier You: NHS Diabetes Prevention Programme'**

4. SUPPORT before another pregnancy (T2Day)

- **If this patient develops Type 2 Diabetes <40yrs**
- This is more severe than if diagnosed later in life
- NHS England has launched the **'Type 2 Diabetes in the Young' (T2Day)** programme to provide more intensive targeted care to this age group
- Please ensure this patient accesses the T2Day programme
- T2Day provides dedicated support for pre-pregnancy care including:
 - Access to contraception
 - Optimising glycaemic management (HbA1c<43mmol/mol)
 - Medication 'safety for pregnancy' review
 - Weight management

- 
- **Following pregnancy**
 - Letter to GP
 - 6-12 weeks Fasting Plasma Glucose
 - >12 weeks HbA1c
 - Then annually
 - Continue to offer NDPP




Risks associated with pre-existing Diabetes and pregnancy



SOME OF THE RISKS INCLUDE:




TO MOTHER



-  Having a severe low blood glucose episode (hypo)
-  Problems with eyes and kidneys
-  Having a large baby, which increases the chance of problems with birth

TO BABY



-  Developing a birth defect
-  Being stillborn or dying in the 28 days after birth
-  Health problems that may require special or intensive hospital care

-
- STILLBIRTH RATE
ASSOCIATED WITH DKA
160 PER 1000 BIRTHS

STILLBIRTH OCCURS IN **10.4** PER 1000 LIVE
BIRTHS IN WOMEN WITH T1DM

STILLBIRTH OCCURS IN **13.5** PER 1000 LIVE
BIRTHS IN WOMEN WITH T2DM



Case Study

National Diabetes in Pregnancy Audit (NPID)

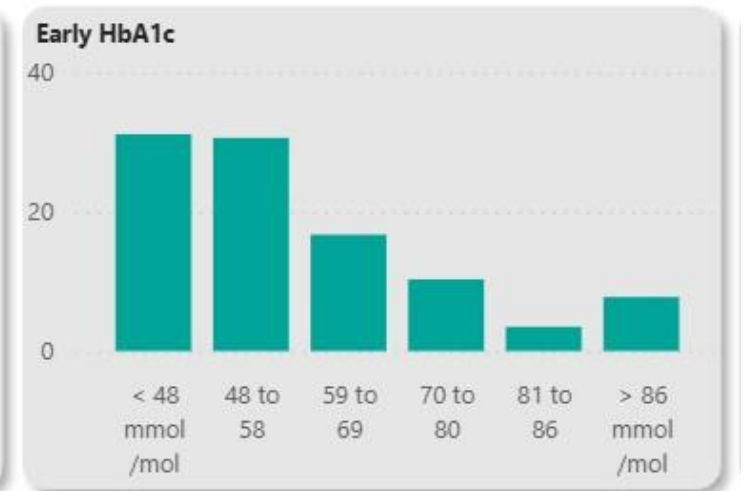
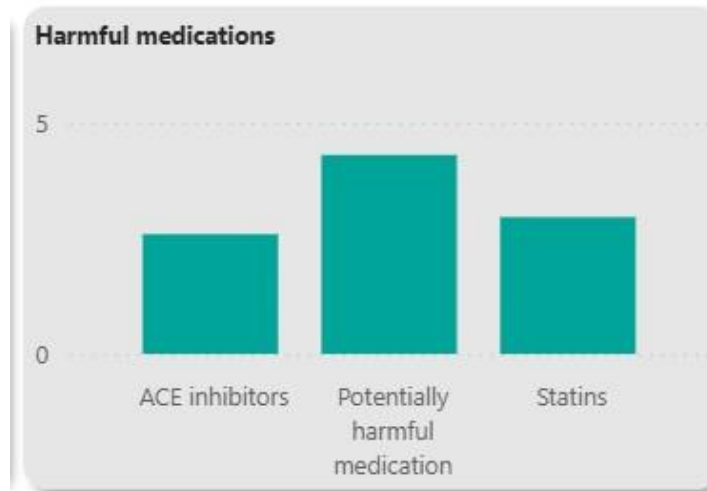
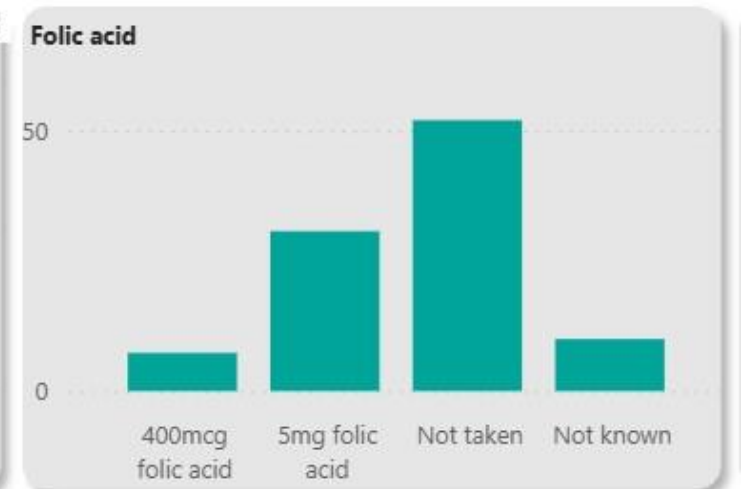
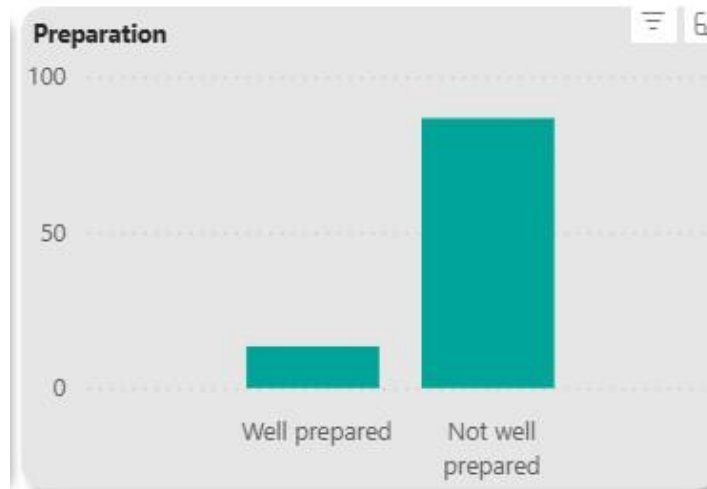
- The National Pregnancy in Diabetes audit measures the quality of care provided to women with diabetes through pre-conception, pregnancy and birth.

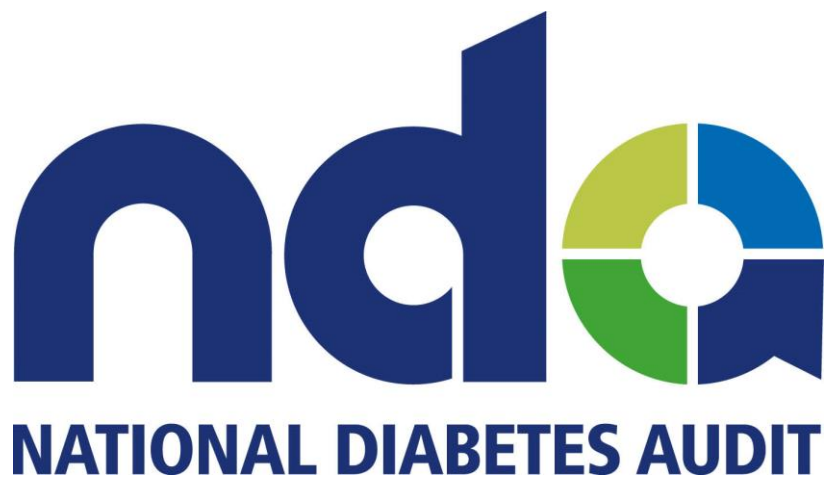
NPID addresses three high level audit questions:

- Were women with diabetes adequately prepared for pregnancy?
- Were appropriate steps taken during pregnancy to minimise adverse outcomes to the mother?
- Were adverse neonatal outcomes minimised?

NPID Audit 2021-2023

- Most women with Diabetes who became pregnant are not well prepared for pregnancy
- 30.7% were taking folic acid 5mg
- 31.1% HbA1c <48 in early pregnancy





**Pregnant women
with diabetes in 2021
and 2022:**



Type
1

44%



Type
2

55%

Rates of **serious outcomes** for
women with **type 2** diabetes and
their babies increased in 2022*



5.5%

2014-2020

4.9%

2021

6.6%

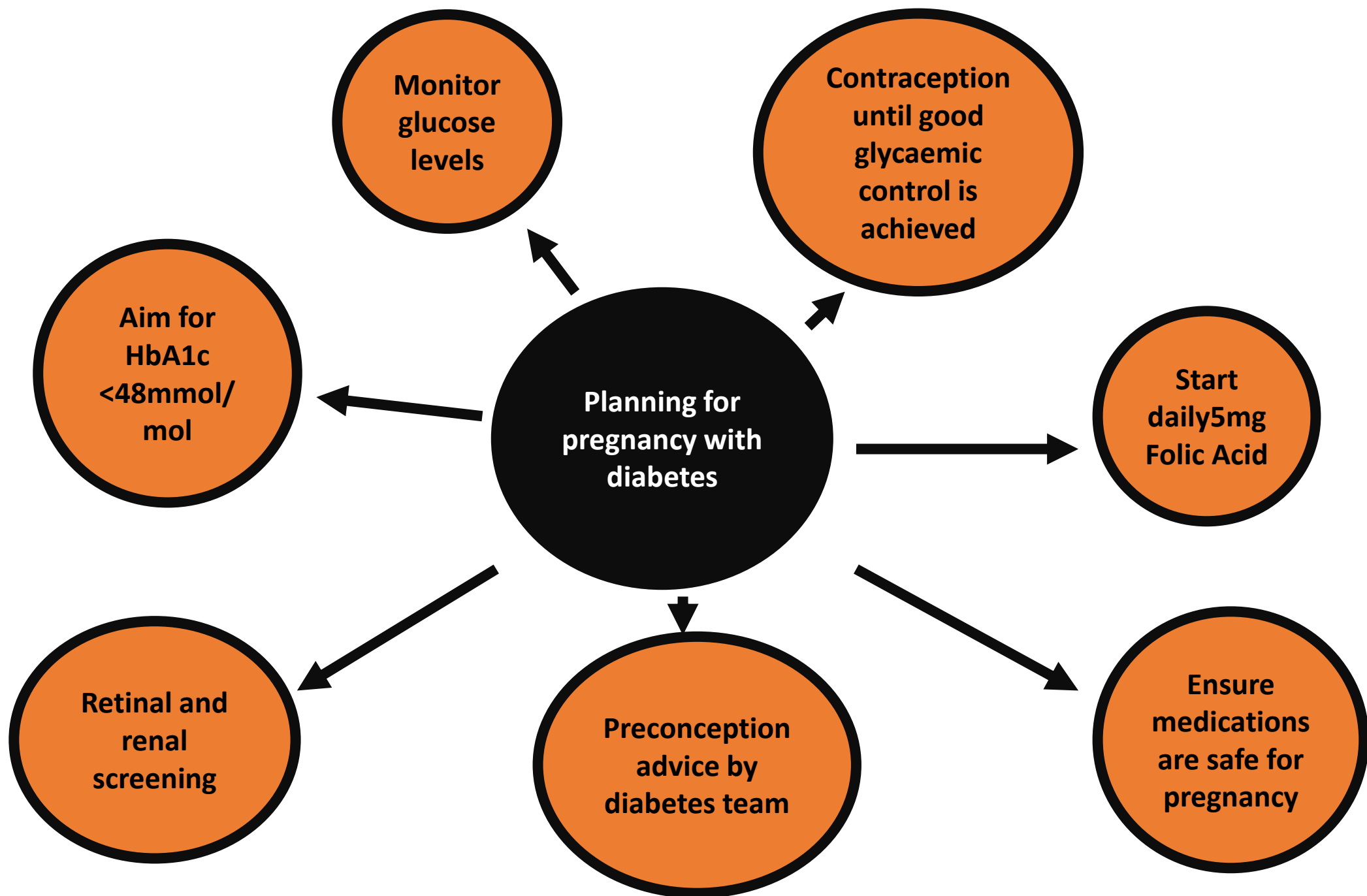
2022

* Serious outcomes include miscarriage, stillbirth or neonatal death, or birth defect. It's important to remember that these outcomes are rare and there are many things you can do to reduce the risk

Pregnancy planning and pre-conception advice

Early interventions have better outcomes!!

- Give information and support to women who are planning a pregnancy
- Appropriate pre conceptual care with good blood glucose control can reduce, but not eliminate risks
- Medication review
- **Referral to specialist pre-conception care** Ensuring recent retinal and renal screening and regular Hba1c testing
- Signpost women to Diabetes UK planning for pregnancy and Tommy's Pregnancy with Diabetes toolkit



What Medications are Safe for Pregnancy?

Advised preconception

- Folic acid 5mg

Safe for pregnancy

- Metformin
- Insulin
- Labetalol (if antihypertensive required)



Deemed unsafe

- Stop ACE/ARBs
- Stop Statins
- Stop blood glucose lowering agents other than metformin or insulin
 - Ideally pre-conception or as soon as pregnancy confirmed

How to refer for pre- conception advice

- Diabetes Specialist Service e referral form to
- barnsleydiabetes.spa@nhs.net
- MDT diabetes pre-conception clinic (Barnsley ANC)
- bdg-tr.maternitydiabetes@nhs.net
- BEST portal Diabetes Guidelines
- <https://best.barnsleyccg.nhs.uk/clinical-support/medicines-management/diabetes-guidelines.htm>
- Diabetes Specialist Service Email on BEST portal
- <https://best.barnsleyccg.nhs.uk/clinical-support/Diabetes%20Guidelines/Diabetes%20Services/Combined%20diabetes%20service%20referral%20form%20SPA.pdf>
- Email referral form should also be accessible on Emis Web and System One


Information for women
with T1 and T2 diabetes

NHS
Barnsley Hospital
NHS Foundation Trust

Are you preparing for pregnancy with diabetes?

Did you know having diabetes means you and your baby are more at risk of problems during your pregnancy?

Prepare for pregnancy
with your diabetes nurse or GP so you can reduce risk, leaving you to enjoy a healthy pregnancy and have a healthy baby.

A photograph of a woman with dark hair, seen from the side, gently holding a newborn baby. The baby is wearing a light green hospital gown. The woman's face is partially visible as she looks down at the baby.

- Patient self referral QR for preparing for pregnancy with diabetes



Top Tips

1

Ask the questions of the patient 😊

- Are you planning a pregnancy?
- Are you aware that pregnancies with diabetes come with extra risk?

2

Inform the Patient of the risks

- Signpost patients to Information (Diabetes UK)

3

Discuss referral for Preconception Care

Kirstie Rickerby: Diabetes Specialist
Midwife

Thank You!!



NHS
Barnsley Hospital
NHS Foundation Trust