

The role of the Diabetic midwife in the glucometer clinic

Issue Date	Review Date	Version
July 2019	July 2021	1

Purpose

The purpose of this Standard Operating Procedure (SOP) is to ensure robust, equitable and consistent decision making in assessing women after a weeks' worth of home capillary blood glucose meter readings. It will provide essential information and diagnostic criteria to formulate appropriate care pathways for women who have been diagnosed as having gestational diabetes whilst promoting quality, safety and patient satisfaction.

Who should read this document?

All midwives
All medical staff working within Maternity Services.

Key Messages

Maintenance of effective and safe patient care.

Core accountabilities

Owner	Rachel Marshall-Roberts <i>Consultant Obstetrician and Gynaecologist</i> Claire Mansfield <i>Diabetes Specialist Midwife</i>
Review	Clinical Effectiveness Committee, Women's & Children's Services
Ratification	Sue Wilkins, Director of Midwifery, Assoc Director of Nursing
Dissemination (Raising Awareness)	Clinical Effectiveness Committee, Women's & Children's Services
Compliance	Clinical Effectiveness Committee, Women's & Children's Services

Links to other policies and procedures

Local Maternity antenatal, intrapartum and postnatal guidelines

Version History

1	July 2019	Document created
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to)

age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Diabetes specialist clinic post blood glucose meter issued

1 Introduction

The purpose of this SOP is to provide the specialist diabetes midwife with the essential information and criteria to diagnose and formulate an appropriate care pathway for women who have been diagnosed as having gestational diabetes on home blood glucose meters. It will provide an efficient service to meet local needs whilst promoting quality, safety and effective patient care.

This process will cover the inpatient assessment process from referral, to review of capillary blood glucoses and diagnosis, the patient education involvement and the booking of Induction of labour if required.

2 Definitions

GDM: Gestational Diabetes Mellitus.

Diabetes Specialist Midwife (DSM): A specialist midwife with the relevant knowledge, skills and training in diabetes and who cares for women who have pre-existing diabetes or diagnosed with diabetes in pregnancy.

Diabetes Specialist Nurse (DSN): A specialist nurse with the relevant knowledge, skills and training in diabetes and who cares for women who have pre-existing diabetes or diagnosed with diabetes in pregnancy.

MDT: Multi-disciplinary Team.

UHP: University Hospitals Plymouth

Dietitian: A professional with expertise in dietetics and nutrition.

Doctors in Training: Specialist Registrar (SpR) or Senior House Officer (SHO) who is a medical practitioner and registered with a licence to practice by the General Medical Council and who is a trainee under direct supervision of a consultant.

Consultant Obstetrician and Gynaecologist: A medical practitioner who is registered with a licence to practice by the General Medical Council and who is a specialist in obstetrics and gynaecology.

CBG: Capillary blood glucose

EFW: Estimated fetal weight

HbA1c: Haemoglobin A1c

3 Regulatory Background

Guidelines:

Screening for Gestational Diabetes Mellitus (GDM)

4 Key Duties

The Diabetes Specialist Midwife (DSN) will manage the clinic and will get appropriate cover if unable to attend. If covering midwife or DSN needs to discuss or book further consultation this must be arranged for the next available GDM ANC appointment.

5 Procedure to Follow

The specialist midwifery clinic is dedicated to those patients who have been given a blood glucose meter to test their CBG for one week. The midwife will then review patient in antenatal clinic and diagnose GDM if three or more elevated CBG readings have been identified.

As the majority of these patients will have been identified after 36 weeks this may be the only diabetic appointment these women will receive.

This appointment may therefore encompass the following:

Routine counselling regarding GDM including documentation with risk sticker
HbA1c
Review of growth scan
Review of recent CBG
Intrapartum CBG monitoring discussion and documentation
Postpartum CBG monitoring discussion and documentation
Neonatal hypoglycaemia and colostrum harvesting discussion
Postpartum contraception
Mode of birth
Booking IOL, prescribing Propress
Discussion around perineal massage when appropriate

Delivery between 38 and 40+6 weeks should be considered for women with gestational diabetes. Fetal size, glycaemic control, diabetes treatment and maternal wishes may influence the decision on exact gestational age for induction.

The GDM ANC on Friday mornings will have a dedicated free appointment for any patients who the specialist midwife needs to discuss. If a patient needs an Ultrasound scan and to see an Obstetrician then the patient is to be provided a further appointment at a relevant gestation.

- When the EFW is >4.5kg the patient needs to have this risk factor discussed in more detail when choosing vaginal birth vs caesarean section. The specialist midwife should discuss all patients with a macrosomic fetus on ultrasound with the Obstetrician on the Friday session.
- Patients who are already Consultant led care for other reasons (e.g. significantly raised BMI) may also need to be discussed in view of the increased risk of caesarean birth and intrapartum complications.
- Patients who have been diagnosed with GDM and plan to have a VBAC should have their care discussed on the Friday session.

The specialist midwife will be able to counsel women regarding the risks of induction of labour and prescribe the Propess pessary. Sweeps may be performed if requested from 38 weeks and should be encouraged from 40 weeks. Patients who are unable to have Propess due to parity or allergy may be booked for IOL by the specialist midwife on CDS with a cervical ripening balloon (CRB).

Patients who have already been booked for caesarean section should be informed that the diagnosis will not affect their planned mode of delivery but they should still receive counselling as above.

All patients should receive the patient information leaflet on induction of labour and perineal tears.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the guideline group and ratified by the Clinical Effectiveness Committee and Director of Midwifery.

Non-significant amendments to this document may be made, under delegated authority from the Director of Midwifery and guideline group, by the nominated author. These must be ratified by the Clinical Effectiveness Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified via the Maternity newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Midwifery and Clinical Effectiveness Committee, and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Discuss any concerns identified in the specialist midwifery clinic with an Obstetrician in the following Friday ANC.

If the Diabetes Midwife does not feel safe to book an induction of labour or caesarean section a patient should be given the next available ANC appointment.

Inclusion criteria

Inclusion criteria for the prescribing and administration of Propess by the specialist diabetic midwife:

- Diabetes confirmed on GTT or glucometer testing
- 38+ weeks gestation
- Cephalic presentation
- Singleton pregnancy
- No significant medical or obstetric complications
- Less than P4
- No previous LSCS or uterine surgery

All discussion and care plans must be documented in patients hand held notes.

9 Reference Material

National Institute of Clinical Excellence (2015). Diabetes in pregnancy: management from preconception to the postnatal period. Available at: <https://www.nice.org.uk/guidance/ng3/chapter/1-recommendations#gestational-diabetes-2> (Accessed: 08 June 2019).