

NT DIABETES IN PREGNANCY PARTNERSHIP Newsletter, March 2014

The NT DIP Partnership has commenced its third year - half way through our NHMRC funding. In this phase of the partnership we want to focus on management once the diagnosis of DIP has been established. Our previous efforts have been centred on the identification of risks associated with diabetes in pregnancy, including those women with undiagnosed diabetes requiring early testing and management. We now need to shift our focus to the **management** of diabetes in pregnancy – this includes pre-pregnancy and after the baby is born. Management before, during and after pregnancy are just as vital for babies as well as mothers as it sets the scene for both of them with regards to the future development of chronic disease. A topic that will be discussed further by visiting Prof. Yajnik (see diary dates below).



Top End NT DIP Team 2014

Guidelines

Firstly, worthy of mention is the adoption of the national guidelines for the diagnosis of gestational diabetes as recommended by the Australian Diabetes in Pregnancy Society (ADIPS). It has certainly been a convoluted and somewhat confusing process but on January 1st 2014, the Department of Health officially started the practice of using an 75g Oral Glucose Tolerance Test for all women in pregnancy. The timing of the test may alter as it may be ordered earlier than 24 weeks for women in high risk groups. The 50g glucose challenge was phased out during 2013 and is no longer recommended.

The OGTT diagnostic values recommended in the guidelines are that only one of the values below are required for the diagnosis of gestational diabetes:

Fasting	≥ 5.1
1 hr	> 10.0
2 hr	≥ 8.5

For more information regarding the guidelines; Remote Best Practice Group, DoH (Prompt Guidelines), ADIPS.

Management during pregnancy

Good control of “*glucose, glucose, glucose*” during pregnancy is essential. New targets for **capillary** blood glucose testing have also been recommended. Women are encouraged to test their own BGL’s and aim for levels of: fasting - between 4 and 5 mmol & 2 hours after eating 6.7mmol or less. All women with diabetes in pregnancy in the NT can access **free** glucose meters as part of the NT DIP Partnership’s ‘models of care’ arm – contact your local diabetes educator for more information.

Communication is the key: role of the Clinical Register
“once you refer your woman into hospital you never hear a word back”

This is an issue that has been raised a multitude of times in the Top End with the NT DIP Partnership team at forums, workshops and workplace visits. The NT DIP Clinical Register was launched in September 2013 and can be used by clinicians to access up-to-date information about women with diabetes in pregnancy.



PANDORA Mum & Bub, MGP RM
Kerrie Anderson 2014

Currently women who are reviewed at RDH in the antenatal clinic for diabetes in pregnancy have information about their visit entered into the NT DIP Clinical Register within 48 hours.

How it works ...

The woman with diabetes in pregnancy is reviewed by a health professional, somewhere in the NT (urban, rural, remote).

The health professional refers them to the clinical register (if the woman agrees – verbal agreement is fine).

The woman is reviewed (ie RDH antenatal clinic) and has diabetes-related management revised/commenced.

The information is entered on to the clinical register within 48 hours.

The woman is reviewed at her local clinic, the health professional reviewing her logs on to the register through the web, locates the woman's information and the CLINIC VISIT tab where the information is displayed in chronological order.

The latest changes to the woman's management are immediately available for the health professional to see.

Central Australia

Women with diabetes in pregnancy are also being enrolled onto the Clinical Register at a steady rate. Communication in the centre has been less problematic due to having just one clinic per week (DANCE) and therefore the team in Alice is much more focused on the auditing and quality improvement functions of the register at this point in time.

Clinical Register Reports

The reports will be circulated twice a year in line with Top End and Central regional meetings; dates yet to be confirmed.

For more information about the NT DIP Clinical Register please see Chronic Conditions Website:

http://www.health.nt.gov.au/Chronic_Conditions/Diabetes_in_Pregnancy_Clinical_Register/index.aspx



Rosalie Schultz & Stacey Svenson

PANDORA News

So far, 430 women have joined the study, 342 in the Top End and 87 in Central Australia. We have started following up the women and their babies at 6 weeks, 6 months and 24 months post delivery. Information is collected via phone calls, surveys and through electronic systems. Preliminary results from PANDORA will be presented by A/Prof Louise Maple-Brown at RDH Grand Rounds – see below.

For further information about PANDORA please contact marie.kirkwood@menzies.edu.au

Diary Dates

17/3/2014

Grand Rounds: A/Prof Louise Maple-Brown
1200 – 1300 RDH Auditorium (video conference facilities available)
PANDORA: Pregnancy and Neonatal Diabetes Outcomes in Remote Australia

28/4/2014

Grand Rounds: Prof Chittaranjan Yajnik
1200 – 1300 RDH Auditorium (video conference facilities available)
The 'Thin-Fat' Body Type: Developmental Origins of Health and Disease

23-24/10/14

Baker IDI Heart and Diabetes Institute Annual Symposium – Alice Springs

Save the date: 24 October, 2014 Annual Stakeholder NT Diabetes in Pregnancy Partnership Forum
Alice Springs



NT DIP Clinical Reference Group 2013

Once again we would like to gratefully acknowledge the ongoing support we have received from all of our stakeholders – thank you!