



Educating Midwives in the Management of Women with Diet Treated Gestational Diabetes Mellitus (DT-GDM) — 2017

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The Royal Women's Hospital, Melbourne

My Passions



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Work



Credentialed Diabetes Educator
Registered Midwife
Master of Public Health
(in progress)

Life



PJ Masks (aka. my children)

Midwifery Care at The Women's



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‘Team-Care’ Approach

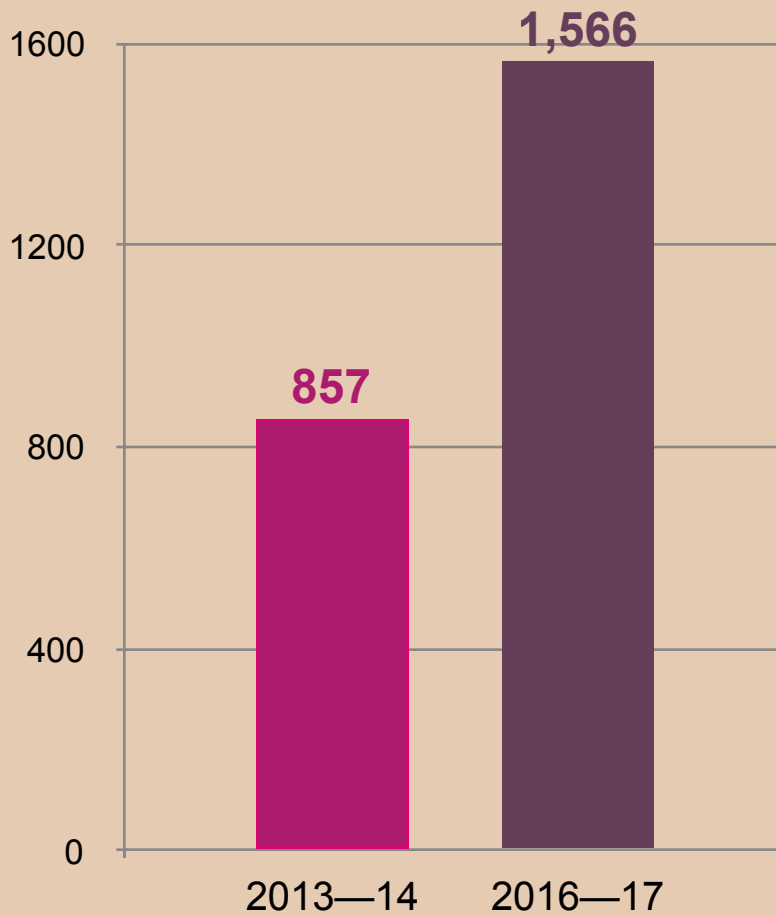
- Supports continuity of care
- Improves maternal satisfaction
- Can decrease cost
- Less adverse maternal and neonatal outcomes [1,2]

GDM at The Women's



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Incidence of GDM at RWH



GDM = High Risk Pregnancy

High Risk = Obstetric care

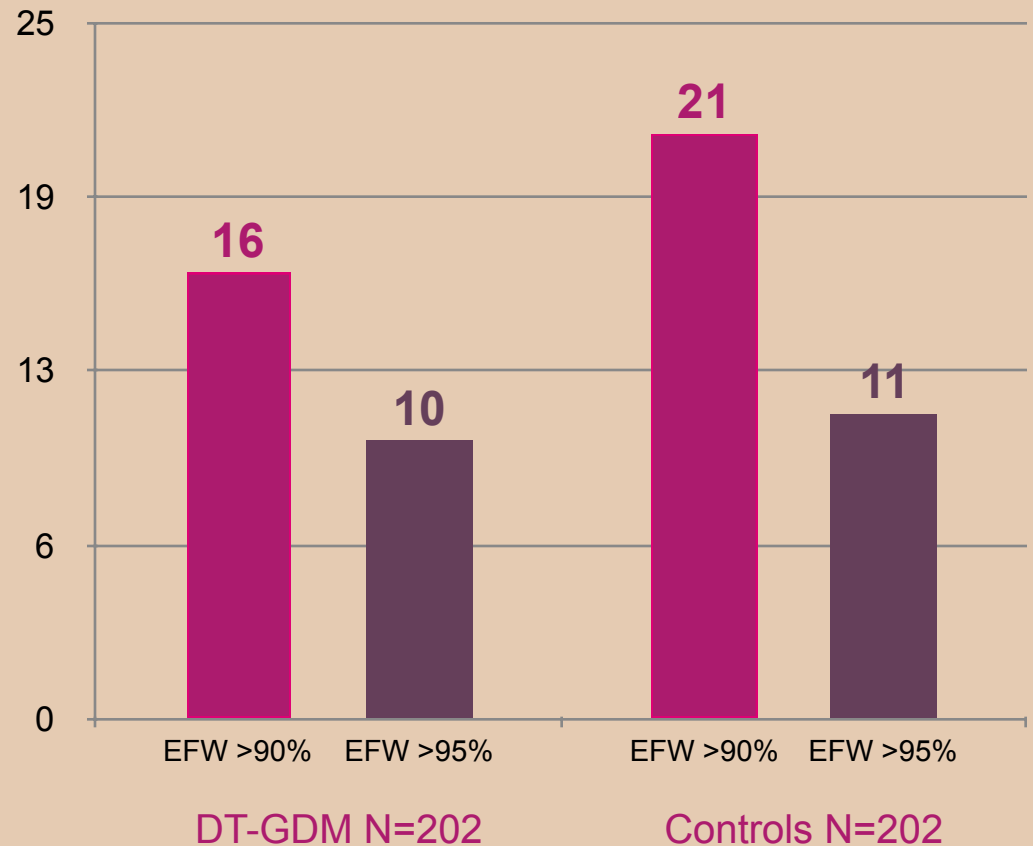
DT-GDM vs non-GDM population



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Women with DT-GDM do not have an increased rate of macrosomia [3]

Estimated Fetal Weight



Why Did we Educate Midwives?



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- It's what women want
- DT-GDM could be stratified as 'low risk' GDM

Education of Midwives in DT-GDM



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- June 2017
- Session with a Diabetes Educator, Dietitian and Endocrinologist or Obstetrician

Topics:

- Introduction to GDM
- Interpretation blood glucose monitoring
- Basics of dietary management
- Common clinical scenarios

Evaluation



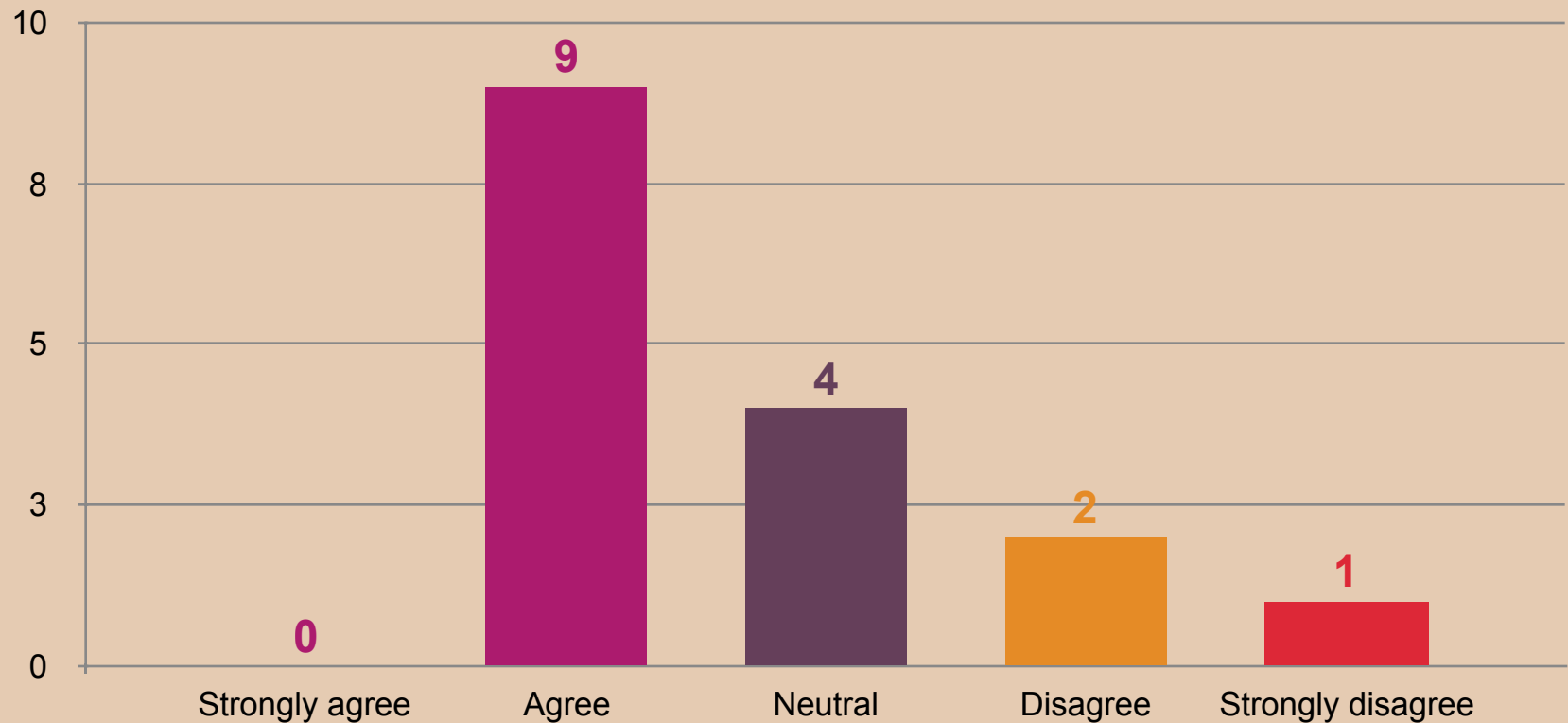
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- September 2017
- 10 question evaluation form
- Assessing knowledge and confidence in management of DT-GDM
- Open ended questions
- 16 respondents of 50 trained

“I am Sufficiently Prepared for the Management of Women DT-GDM”



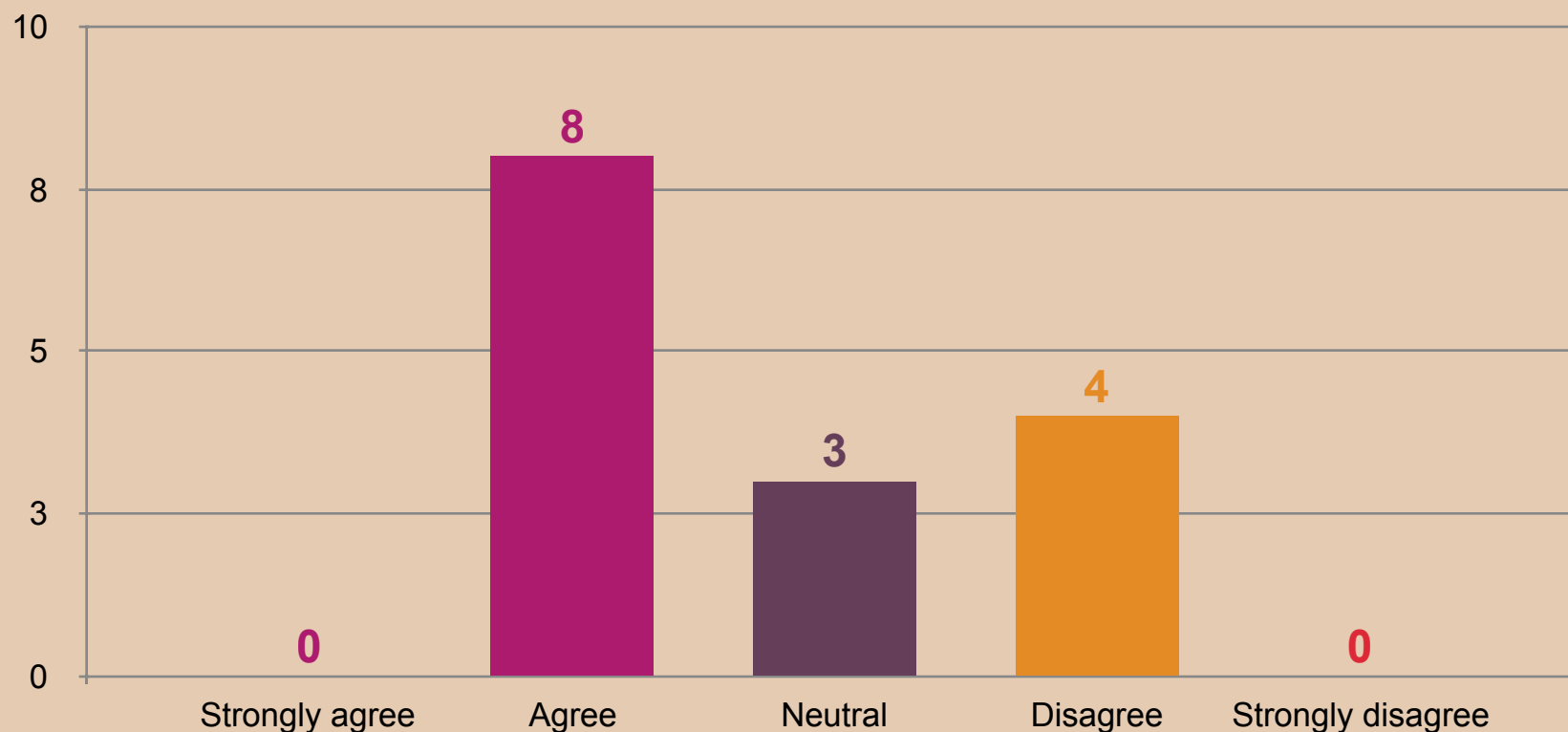
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“I have an Adequate Level of Knowledge of to Manage Women with DT-GDM?”



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Comments



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Why were you interested in attending GDM training?

“Consistent care to women”

“Want to provide Midwifery care for GDM’s”

Is there anything the Diabetes Service could do to assist you with GDM management in the future?

“More training”

“No time lapse between training and beginning to manage our GDM’s”

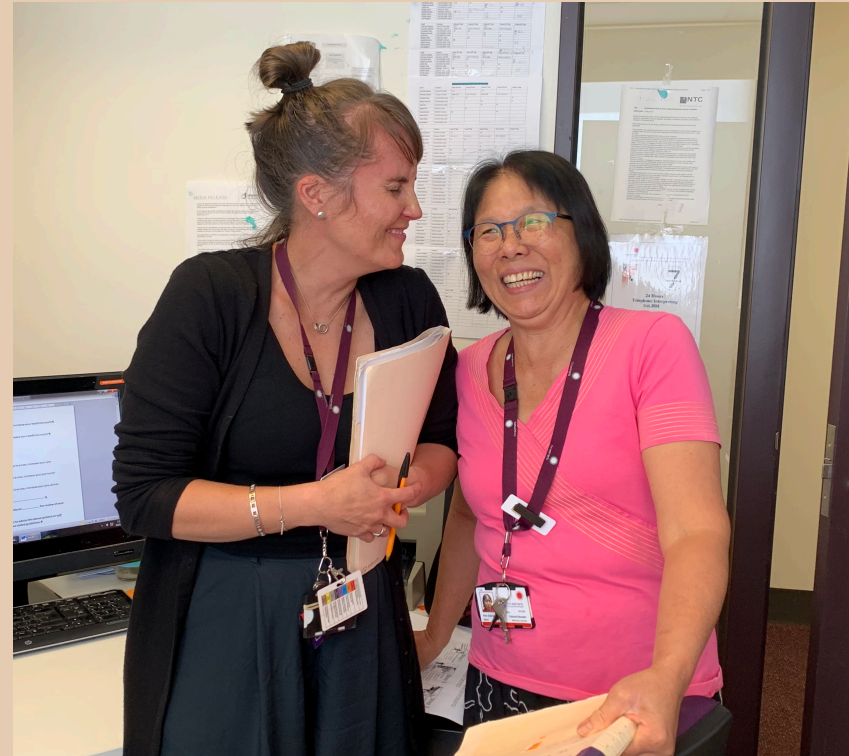
“A workbook or similar would be useful”

Conclusion



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- Quick reference charts
- Ongoing education sessions
- Online competency module
- Access to a Diabetes Educator during clinic hours



3. Macrosomia etc

4. Clinician concerns

Diabetes clinic is happy to see any GDM women at any time for an opinion

DIABETES EDUCATOR; Ext 2153/ page 52163

Diabetes Education Manager: Amanda Aylward ; Ext 2152 /page 52152

Further Research



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- Evaluate the Obstetric outcomes of midwifery led DT-GDM care
- 2019 NHMRC proposal for Gestational Diabetes RCT - Tom Cade

Acknowledgements



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Tom Cade

Amanda Aylward

References



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2. Waldenstrom, U., McLachlan, H., Forster, D., Brennecke, S. & Brown, S. (2001) *Australian New Zealand Journal of Obstetrics and Gynaecology*. 41 (3)pp. 257-261.
3. Vally, F., Presneill, J. & Cade, T. (2017) Macrosomia Rates in Women with Diet-Controlled Gestational Diabetes: A Retrospective Study. *Hindawi Journal of Pregnancy*.
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