Diabetes continuity team at UHS

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Our aims

- To create a continuity model of care for women with T1 and T2 diabetes within the antenatal and postnatal period with the aim of improving the quality and consistency of their care as envisaged by Better Births.

- Supports the work of the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) to improve the detection and management of diabetes

- Specific aims:
  → Increased patient satisfaction
  → Reduced admissions to the neonatal unit
  →Increase breastfeeding rates/colostrum harvesting
  →Improve education/intrapartum management on the labour ward

- This project was specifically for those with pre-existing diabetes not gestational diabetes.

Aims - SMART

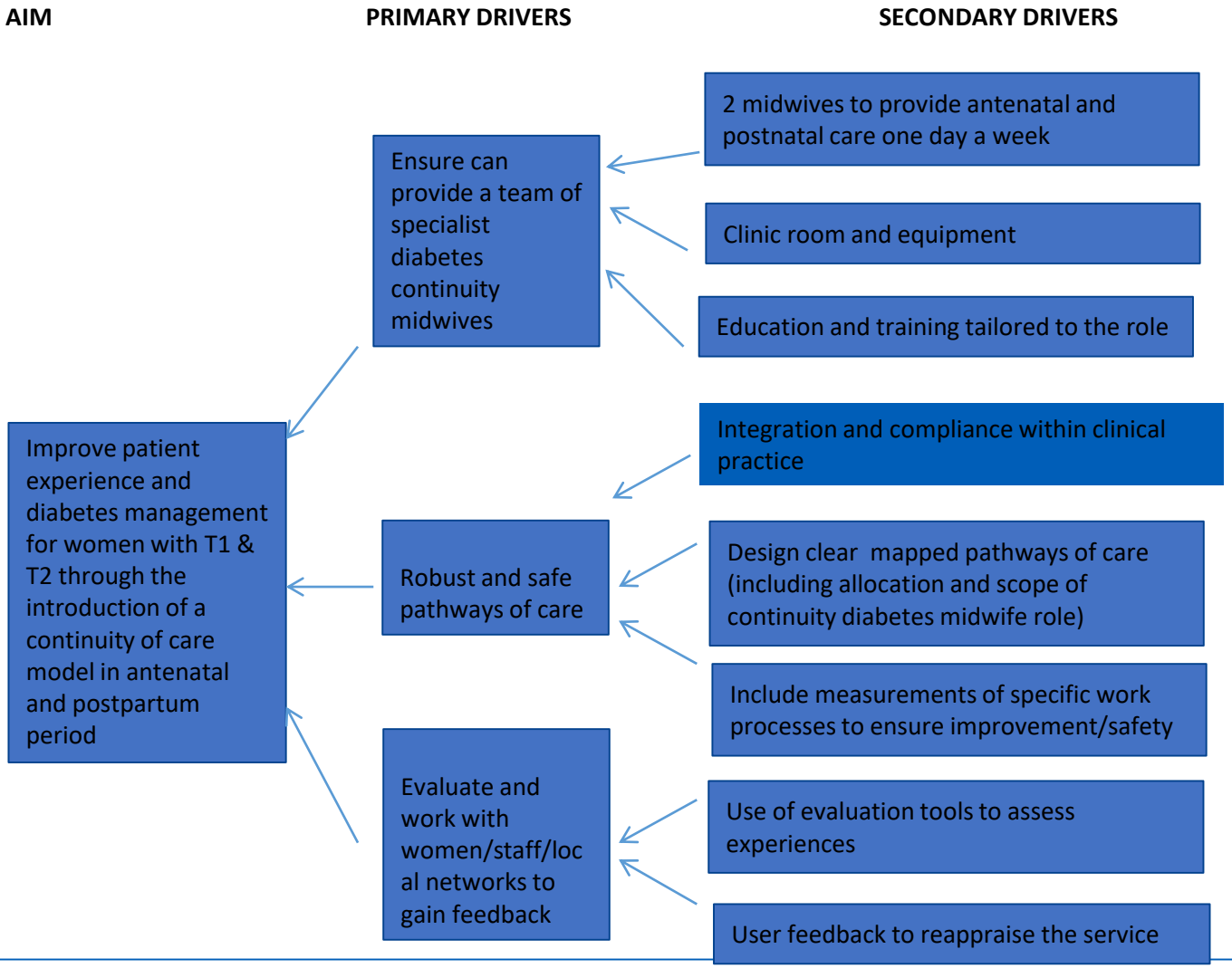
Specific	Measurable	Achievable/ realistic	Time sensitive
Increased patient satisfaction	via questionnaire (using numerical scales)		At the end of pregnancy, collate at end of first year
Reduced admissions to NNU for babies of T1/T2 mothers relating to hypoglycaemia	Compare numerical data	May be too small a cohort of babies to determine real difference	Review at end of first year
Improve colostrum harvesting rates	Initiate audit: difficult as paucity of comparable data	Yes – through antenatal education	Review at end of first year
Improved diabetic management on labour ward by ensuring caseloading diabetes midwives look after those with T1/T2 DM	Audit compliance with that process	Process achievable but harder to survey improved diabetic management	Review at end of first year

Background

- We currently have a pregnant diabetic population of 370 per year. Numbers are rising each year. Women increasingly medically complex (pumps!)
- Driven by the Continuity of carer and prevention work streams within Better Births.
- T1/T2 women with diabetes chosen as a small cohort as a pilot.
- Relates to all the primary national drivers

Driver Diagram

NHS Improvement



Improvement Approach

- Briefly describe the process by which the project was undertaken – how did you do the work?

  → Working group formed

  → Parameters of team defined (Pilot status)

  → Advertised and recruited

  → Training and logistics sourced

  → Allowed framework to be developed by the team

  → Regular MDT meetings to ensure good communication and trouble shooting

  → Evaluation of stats (looking at continuity figures each month)

  → Next step: review each change idea and assess where we are compared to baseline data

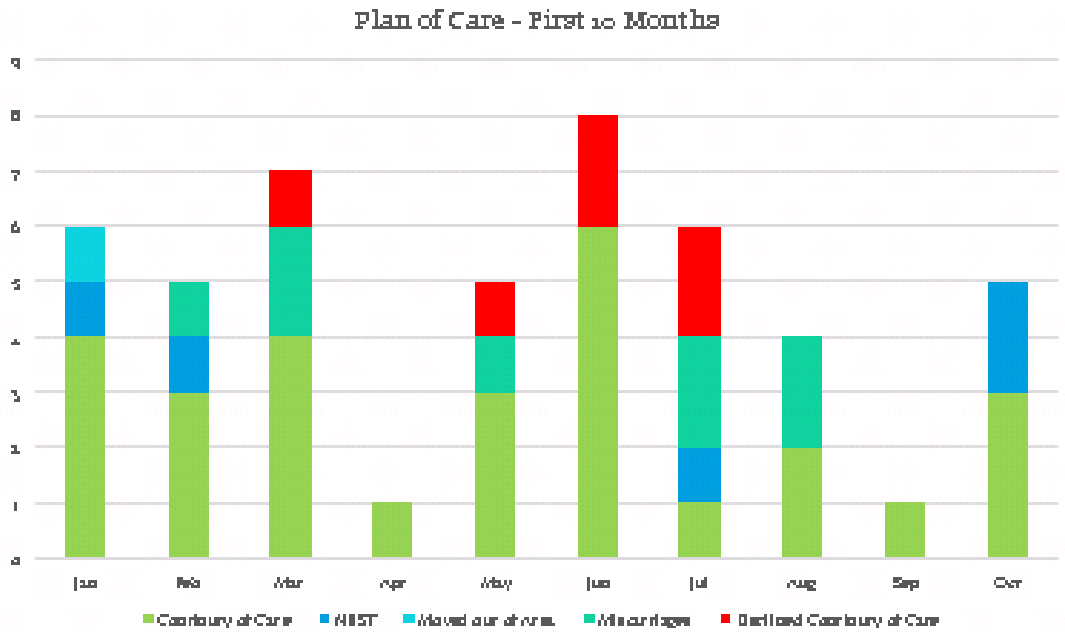
Outcome / learning

- What have you achieved?
  → Good antenatal and postnatal continuity
  → Improved knowledge base and transfer of that knowledge within high risk areas
  → Providing some adhoc continuity in intrapartum and antenatal hospital admissions
  → Positive relationship building for both the women and midwives which has been valued

- Where are you now?
  → Scoping the possibility of scaling the team up to a full continuity model (to include intrapartum care) in line with Better Births.

Referral numbers & outcome

Referrals of Women with pre-existing Diabetes and their agreed plan of care



Your Team

- Obstetric consultants
- Diabetes consultants
- Dieticians
- Diabetic specialist midwives
- Diabetes continuity midwives
- Insulin PUMP team
- Sonographers
- Maternity Support Workers

Challenges & Lessons Learnt

- Logistics – rooms and resources!
- Joint midwifery and obstetric input
- Women like more access to midwives more easily (i.e. Available for advice Mon-Friday)
- Good communication essential