

## Guideline for new Diabetes Clinic referrals $\geq$ 36 weeks gestation

If referral is for LGA without definitive diagnosis of diabetes, (HbA1c $\leq$ 40mmol/mol, no positive OGTT, no BSL monitoring or <20% readings elevated) please direct referrer to the LGA pathway (see below)

- We do not recommend OGTTs after 32 weeks, or routine HbA1c testing after the first trimester. If unsure, please phone the diabetes midwives or on-call physician registrar for advice.

Default for referrals at this gestation is to decline from the diabetes service and refer on to the general obstetric service for an **in-person consultation** with an Obstetric SMO or RMO, to discuss timing and mode of delivery. If the woman is already known to a general obstetric team, please re-refer to their clinic.

### **Additional recommended practice points:**

- All women to be invited to online GDM group teaching session
  - Email template attached below
- Referral to green prescription service for postnatal support to be done in clinic
  - Hippo → A-Z → “G” → Green Prescription Referrals
- If PP BSLs between 6.5-8.9mmol/L, commence Metformin as per protocol
  - Patient information sheets and titration sheets available in clinic

### Division of responsibilities

Triaging Physician	Diabetes Midwives	General Obstetric Team
Decline referral and forward to general obstetric service	Send invitation to GDM group teaching session on receipt of email from Physician	In-person clinic review and discussion of timing/mode of birth
Email NHI to <a href="mailto:DIPmidwives@adhb.govt.nz">DIPmidwives@adhb.govt.nz</a>		If post-meal BSLs >6.5, commence Metformin as per protocol
		Refer to Green Prescription for postnatal support

Exceptions where late referrals will be accepted:

- Patients with Type 1 or Type 2 Diabetes who are:
  - Transferring from out of Auckland for other Fetal or Maternal medical conditions which require delivery at ACH
  - Late booking / no prior antenatal care
- Severe uncontrolled GDM defined as:
  - HbA1c>50mmol/mol
  - Average fasting glucose >5.6mmol/L
  - Average PP glucose > 8.0mmol/L
- Other exceptions may be considered on a case-by-case basis in consultation with DIP clinical lead and/or Diabetes Obstetric SMO on the ward for the week.

## Invitation to Diabetes in Pregnancy Group Education Session

These sessions run twice a week on Wednesday and Friday mornings for all women who are referred to the diabetes maternity service. Click on the link below to join the meeting at the scheduled time.

The sessions are run by a Diabetes Midwife, who will explain what Diabetes in pregnancy is and what it means for you and your baby, followed by a presentation from one of the service Dietitians who will explain how different food types and eating patterns can affect your blood sugar readings. **You only have to choose one session to attend.**

When you log onto the Zoom session, please type your name and hospital / NHI number (if known) in the private chat box to the midwife facilitating so we can record your attendance.

We are looking forward to seeing you at one of the sessions.

Kind regards

The Diabetes Midwives Team.

**When:** Occurs every Wednesday effective 05/02/2024 from 09:30 to 10:30 (UTC+12:00) Auckland, Wellington.

**Where:** <https://aucklanddhb.zoom.us/j/93804070708>

OR

**When:** Occurs every Friday effective 5/2/2024 from 10:00 to 11:30 (UTC+12:00) Auckland, Wellington.

**Where:** <https://aucklanddhb.zoom.us/j/94081651456>

Kind Regards

Maternity Diabetes Team

# LGA Referral guideline.

