

Overview

This standard covers agreeing a care plan with a woman with diabetes who has not agreed and undertaken a plan prior to becoming pregnant. The plan will be agreed jointly with the woman, and if she chooses, with her partner or other family support. The circumstances may require rapid action to help the woman understand the risks of diabetes during pregnancy, and to help her manage her diabetes in a way that minimises these risks. Prior to any plan being agreed, an assessment of the woman's health in relation to child-bearing and diabetes will be carried out, through discussion and examinations. The plan may require

- a different approach to diet and exercise
- helping the woman and her partner learn how to measure blood glucose
- providing information and advice to help a woman and her partner minimise the risks of hypoglycaemia
- learning how to gain tighter control over blood glucose levels
- different medication, including starting insulin therapy for women with Type 2 diabetes and ceasing medication such as statins, ACE inhibitors, fibrates, OHAs and any other drugs that are contra-indicated in pregnancy.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 include women with diabetes and their partners as members of the care team, involve them in decisions about their care, and provide them with sufficient appropriate information for them to participate fully in making decisions
- P2 work in full partnership with other members of the multi-disciplinary team involved in providing care and support for diabetes and for pregnancy to ensure that holistic care is provided
- P3 assess through discussion
 - P3.1 the woman's understanding of her diabetes and its potential effects on her pregnancy
 - P3.2 her ability to self manage, taking into account support from her partner
 - P3.3 her attitude to self managing their diabetes
 - P3.4 her emotional/psychological needs in relation to living with diabetes and to pregnancy
 - P3.5 her history in relation to pregnancy
- P4 through providing information in suitable forms, and through discussion, help a woman and her partner learn the principles of how to manage her diabetes during pregnancy, in order to minimise risks
- P5 assess levels of blood glucose and HbA1c, review the medications the woman is using, and arrange examinations for long term complications of diabetes
- P6 jointly identify immediate priorities for managing the woman's diabetes, taking into account
 - P6.1 blood glucose and HbA1c levels
 - P6.2 risks inherent in the woman's current condition
 - P6.3 the beliefs and values of the woman and her partner
- P7 arrange or carry out a dietetic review to help to optimise blood glucose control and ensure total nutritional adequacy, provide advice on food safety and hygiene, and provide advice on and arrange for the prescription of folic acid supplements
- P8 discuss and provide suitable information on general health measures for a safe and healthy pregnancy, including smoking, alcohol and street drugs, where relevant
- P9 discuss and agree realistic and safe blood glucose targets and, if they do not already know how to do so, help the woman and her partner learn how to monitor blood glucose levels, including arranging access to equipment, if necessary
- P10 where the woman is using insulin to manage her diabetes, review injection techniques and the equipment she is using
- P11 discuss the immediate options regarding medication for managing the woman's diabetes, jointly agree on any changes to medication, promptly

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- arrange for any new medication to be provided and support the woman and her partner in learning how to use it
- P12 discuss and agree plans for avoiding, managing and treating hypoglycaemia during the first trimester of the pregnancy
- P13 where a woman with Type 1 diabetes is not already using ketone strips, arrange for supply and, if necessary, help her learn how to use and interpret them
- P14 arrange for eye screening, and for monitoring in relation to other long term complications, to take place at appropriate intervals during pregnancy
- P15 agree upon what responsibility the woman and her partner will take for managing her diabetes, and what responsibilities will be taken by healthcare practitioners, and provide appropriate encouragement and support
- P16 agree dates that are convenient for the woman and her partner for meetings to support and review the care plan, and ensure that the woman and her partner know how to access help and advice between meetings, and emergency help, if they need it
- P17 make an accurate record of the discussion and the agreed plan that can be followed by other members of the care team, the woman and her partner

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Knowledge and understanding

You need to know and understand:

- K1 national guidelines on diabetes management, education and service delivery in relation to diabetes and pregnancy
- K2 theories of the causes of diabetes
- K3 signs and symptoms of diabetes, including WHO criteria for diagnosis
- K4 normal and abnormal blood glucose and HbA1c values
- K5 how to monitor glucose levels, HbA1c, lipids, blood pressure
- K6 the importance and effects of patient education and self management
- K7 the psychological impact of diabetes, at diagnosis and in the long term
- K8 how to gather information from patients about their health
- K9 how to work in partnership with patients and carers
- K10 the social, cultural and economic background of the patient/carer group
- K11 the impact of nutrition, particularly carbohydrates, on diabetes
- K12 the impact of physical activity on diabetes
- K13 the effects of smoking, alcohol and illicit drugs
- K14 the effects of, and how to manage, intercurrent illness
- K15 how to manage hypoglycaemia
- K16 the use of insulin to manage diabetes
- K17 other medications used to manage diabetes
- K18 the long term complications of diabetes and when they are likely to occur
- K19 the risks of a mother's diabetes to the mother and to the child
- K20 the effects of pre-existing long term complications on the risks
- K21 the medications used to manage diabetes during pregnancy and the medications that are contra-indicated
- K22 how to manage high blood pressure during pregnancy
- K23 the priorities for managing diabetes during each trimester of pregnancy, during labour, and following delivery
- K24 relevant professional guidelines, standards and codes of professional conduct
- K25 the law and good practice guidelines on consent
- K26 your role in the healthcare team and the role of others
- K27 of legal frameworks concerning prescribing
- K28 local guidelines on diabetes healthcare
- K29 the arrangements for supporting women with diabetes who are pregnant or who are planning pregnancy
- K30 local referral pathways
- K31 local systems for recording patient information
- K32 audit and quality assurance systems
- K33 sources of practitioner and patient information on diabetes and on pregnancy
- K34 contact details of local and national support groups
- K35 how individuals can access facilities for exercise and physical activity

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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